DOCUMENT RESUME

ED 455 167 SO 032 870

TITLE	Social Marketing Lite: Ideas for Folks with Small Budgets and Big Problems. Health, Education, Population, Nutrition, the Environment, Transportation, Democracy-Building, Youth Development, and Elder Care in the U.S. and around the World.
INSTITUTION	Academy for Educational Development, Washington, DC.
PUB DATE	2001-00-00
NOTE	165p.; Most chapters originally appeared in the "Notes from the Field" column by William Smith in "Social Marketing Quarterly."
AVAILABLE FROM	Academy for Educational Development, 1825 Connecticut Avenue, NW, Washington, DC 20009-5721; Tel: 202-884-8000; Fax: 202-884-8400; e-mail: pubsinfo@aed.org; Web site: http://www.aed.org/.
PUB TYPE	Collected Works - General (020) -- Guides - Non-Classroom (055)
EDRS PRICE	MF01/PC07 Plus Postage.
DESCRIPTORS	Acquired Immune Deficiency Syndrome; *Audience Awareness; Case Studies; *Community Action; Educational Change; Program Design; *Social Change
IDENTIFIERS	*Social Marketing

ABSTRACT

This book is designed for people interested in social marketing and who do not have much money. The book is not a tool kit, or a workbook, or a guide. It is a compilation of articles about issues, themes, definitions, and case studies from social marketing. Many of the articles originally appeared in "Social Marketing Quarterly." They are low-cost suggestions about how "thinking like a marketer" can improve any program of social change. The book is divided into the following chapters: (1) "Social Marketing: An Evolving Definition"; (2) "Social Marketing: What's the Big Idea?"; (3) "Forget Messages...Think about Structural Change First"; (4) "Marketing with No Budget"; (5) "Homegrown Social Marketing--What Next?"; (6) "Branding and Brand Envy"; (7) "Social Marketing Lite: A Practical Future for a Big Idea"; (8) "Application to AIDS Prevention"; and (9) "Application to Education Reform." Each chapter contains data figures and references. Appended is an article, "Behavioral Science Theory," by Richard Windsor, Susan E. Middlestadt, and David Holtgrave. (BT)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 455 167

Social Marketing Lite:

Ideas for Folks with Small Budgets and Big Problems.

Health, Education, Population, Nutrition, the Environment, Transportation, Democracy-Building, Youth Development, and Elder Care in the U.S. and Around the World

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

- ❑ This document has been reproduced as received from the person or organization originating it.
- ❑ Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

W. Smith

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

1

SO 032 870

BEST COPY AVAILABLE

Social Marketing Lite

Ideas for folks with small budgets and big problems

Health , Education, Population, Nutrition, the Environment, Transportation, Democracy-building, Youth Development, and Elder Care

In the U.S. and around the world

BEST COPY AVAILABLE

AED
Academy for Educational Development
Social Change Group

AED is a private, nonprofit organization with 40 years of experience in promoting human development-through social marketing, plus education, training, research, and cultural exchange. AED has more than 800 professionals working in 120 countries on problems of access to education, quality in health care, environmental protection, democracy-building, transportation, and youth development.

AED's Social Change Group puts scientists, engineers, and marketers at the same table to create products, programs, and messages that promote social change. We measure success by changes in communities, individuals, and policy. Social marketing is the blueprint we use to manage the change process. Our key to success is to begin with a wide lens, then narrow our focus to find the best target of opportunity for real change.

BEST COPY AVAILABLE

Table of Contents

Introduction 3

Chapter 1: Social Marketing: An Evolving Definition 5

Chapter 2: Social Marketing: What's the Big Idea? 23

Chapter 3: Forget Messages...Think about Structural Change First 43

Chapter 4: Marketing with No Budget . . . 57

Chapter 5: Homegrown Social Marketing - What Next? 69

Chapter 6: Branding and Brand Envy . . . 75

Chapter 7: Social Marketing Lite: A Practical Future for a Big Idea 83

Chapter 8: Application to AIDS Prevention 91

Chapter 9: Application to Education Reform 109

Appendix A: Behavioral Science Theory 169

INTRODUCTION

This little book is designed for people interested in social marketing who don't have big bucks. It is not a tool kit, or a workbook, or a guide. It is a compilation of articles about issues, themes, definitions, and case studies designed to give you courage to try and enough sense to know what to expect. Most of these papers were published originally in *Social Marketing Quarterly* as a column authored by Dr. William Smith. They are low-cost suggestions about how "thinking like a marketer" can improve your program of social change. Chapters 8 and 9 are more extended case studies regarding how social marketing has been used to design specific programs of HIV/AIDS prevention and about education reform in an Asian country. These last two chapters offer a sense of how application occurs in different settings.

You are not required to have enormous budgets to ask yourself:

1. What am I offering members of my audience that they want?

2. Have I thought about all of the things that affect their behavior:

   - EASY access to the services I'm offering,
   - How much FUN what I'm asking them to do is; and
   - How POPULAR taking my advice is going to be with their friends?

3. Have I picked an audience segment that makes sense, or am I still trying to reach everyone?

4. How am I going to convince them that I'm telling the truth?

5. How do I reach enough of them to make an actual difference in the problem I am addressing?

You do not have to have a huge budget to understand that:

- You are competing against other behaviors, not just "educating " people.
- You have to break through the clutter of messages and programs that they are receiving.
- You must be strategic about setting goals and selecting a target that is not only important but also possible to achieve.

That's all this little book is about—stories and ideas on how to think like a marketer, even if your budget is measured in thousands rather than millions of dollars.

Chapter 1

Social Marketing: An Evolving Definition

Social Marketing: An Evolving Definition reviews the basic fundamentals of a social marketing approach. It emphasizes four fundamentals—the marketing mix, segmentation, positioning. and continual marketing. It contrasts commercial and social marketing by focusing on their different objectives—profit versus subsidized social good. Marketing is defined as a voluntary means of influencing human behavior based on a concept of exchange. It is thus distinguished from education approaches that emphasize knowledge as the primary determinant of human behavior and regulatory approaches which use law, sanction, and force to influence behavior.

CHAPTER 1

Social Marketing: An Evolving Definition

Definition No. 1

"Social marketing is the design, implementation, and control of programs calculated to influence the acceptance of social ideas"[1] *(Kotler and Zaltman 1971)*.

Definition No. 2

"Marketing is the process of planning and executing the conception, pricing, promotion, and distribution of ideas, goods, and services to create exchanges that satisfy individual and organizational objectives"[2] (*Peter D. Bennet 1995*).

Definition No. 3

"Social marketing is a process for influencing human behavior on a large scale, using marketing principles for the purpose of societal benefit rather than for commercial profit"[3] *(Bill Smith 1999)*.

What is social marketing? Is it advertising, advocacy, promotion, selling, or education? After two decades of debate and practice, these misconceptions continue to reappear. As recently as May 1999, a debate about definitions broke out on the nation's only social marketing list serve. This debate clearly illustrated that there continues to be confusion regarding the nature and purpose of social marketing, even among practitioners.

---

1 Kotler, P.; Zaltman, G. *Social Marketing: An Approach to Planned Social Change. Journal of Marketing.* 1971; 35:3-12.

2 *Dictionary of Marketing Terms.* 2nd Edition. Lincolnwood, Ill: NTC Publishing Group. 1995, p. 166.

3 Smith, W.A. Academy for Educational Development, Washington, D.C., 1999.

Social marketing is often confused in practice with advertising, with "selling," and with promotion. It is accused of being manipulative and anti-intellectual (i.e., driven by emotions). And yet, as funding for social marketing has begun to grow, increasing numbers of professionals from advertising, health education, health promotion, environmental education, and advocacy have begun to describe their work as social marketing.

The purpose of this chapter is to introduce the fundamentals of social marketing and to distinguish social marketing from commercial marketing as well as from other forms of behavior change. It will also draw distinctions between various tactics which often form part, but never all, of a social marketing process.

The proposed redefinition (No. 3 above) is a composite of previous concepts. It attempts to clarify social marketing's unique purpose and goal. Unlike commercial marketing, social marketing aims to address societal problems rather than to produce financial gain for the marketer. This distinction will be discussed in greater detail below, but let us begin with the fundamentals of a marketing approach.

Figure 1 is a conceptual map of the four domains that constitute the unique characteristics of a social marketing approach. First and foremost, social marketing is based on a philosophy of exchange.[4] Exchange means that both parties must receive something they want if the interchange is to be successful. Second, social marketing is a strategy that integrates research with action, using research tools that influence the development of a program by providing constant data on audience response.

Third, social marketing is a mix of four elements used to create behavior change. These elements are often described as the *Four Ps* of marketing.

---

[4] Berkowitz, E.N.; Kerin, R.A.; Hartley, S.W.; Rudelius, W. *Marketing*, 5th ed. Chicago, Ill: Irwin 1997.

They refer to changes in the *product,* the *price* of the product, the *place* where the product is made available, and finally how the product is *promoted.* Fourth, social marketing is characterized by a *positioning* strategy (what is our product's value in relation to its primary competitors). Seymour H. Fine defines

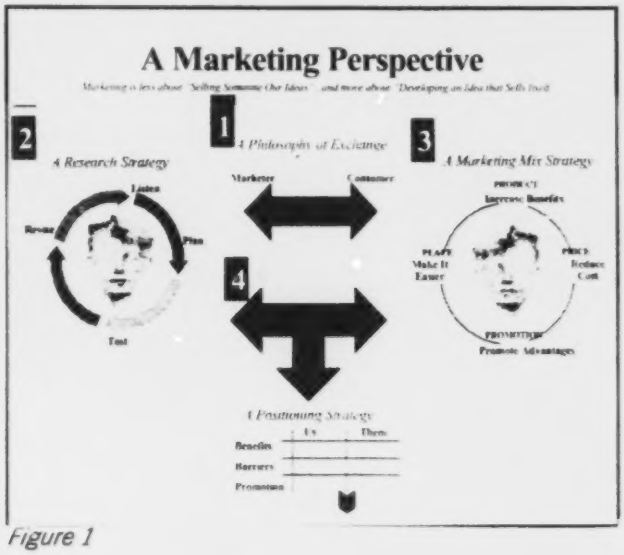


Figure 1

positioning as "describing a product image or actions in relation to those of competing products."[5] Positioning suggests that every behavior competes with other behaviors.

To be successful, a marketer must make it clear to the consumer what the product's (or behavior's) competitive advantage is by giving the consumer a clear *positioning* strategy. In this chapter, we define social marketing by discussing each of these four basic characteristics in detail.

Domain 1. A Philosophy of Exchange. Perhaps the most central idea of social marketing comes directly from the marketing community. Marketing focuses on the exchange of value between two or more parties in which both are

[5] Fine, S.H. *Social Marketing: Promoting the Causes of Public and Nonprofit Agencies.* Needham Heights, MA: Allyn and Bacon, 1990.

BEST COPY AVAILABLE

1 A Philosophy of Exchange

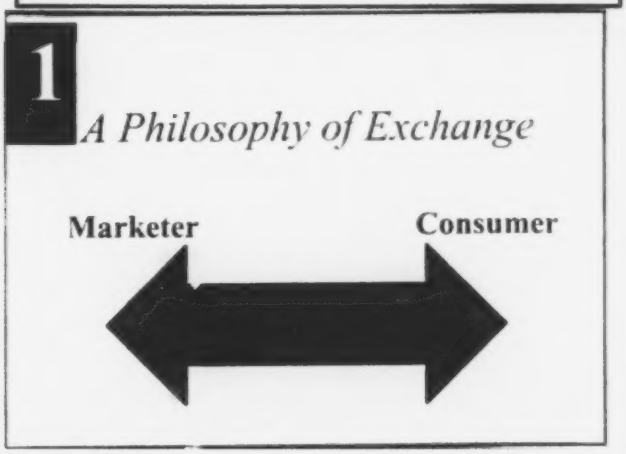


Figure 2

satisfied that their wants are met by the interchange.

Examples of exchange include:

> "I want to smell good; therefore, I buy cologne *in exchange for* money."
>
> "I want my lawn mowed; therefore, I purchase a lawn service *in exchange for* money."

These same exchanges can be expressed from the point of view of the marketer rather than that of the consumer. For example:

> "I want to make money; therefore, I produce a cologne *in exchange for* money."
>
> "I want to make money; therefore, I offer a lawn service *in exchange for* money."

In each case, there is an exchange of value. Consumers decide what amount of money they are willing to pay, and the marketers decide what price they are willing to accept. Both parties need to be satisfied if the exchange is to work.

In social marketing, exchange works in a similar way.

> "I want my children to be healthy; therefore, I get them immunized *in exchange for* a better chance at good health."
>
> "I don't want to feel like a bad mother; therefore, I get my child immunized *in exchange for* feeling good about myself as a mother."

From the point of view of the public health marketer, these exchanges may be expressed as follows:

> "I want to reduce the incidence of measles; therefore, I will offer an immunization service *in exchange for* mothers coming to be immunized."
>
> "I want to reduce the incidence of measles; therefore, I will offer a way for mothers to feel like good mothers by immunizing their child *in exchange for* their participation in the program."

In this example, the marketer, perhaps a public health agency, wants children to be immunized. Mothers, however, want different things. Some want (or worry about) good health; others want (or worry about) parenting skills. In either case, if the immunization service does not satisfy the mother's desires, it is unlikely that the exchange will take place.

The central problem of any social marketing program is to establish what exchange is likely to satisfy both the marketer's (e.g., public health, education, or environmental) needs and consumers' wants to produce a societal benefit. This approach of exchange can be easily contrasted with an education approach which says knowledge leads to behavior, or a regulatory approach which says that enforcement leads to behavior. Because exchange is the central idea of marketing and social marketing, both focus on understanding consumers and their wants. To

accomplish this goal, marketing has developed a specialized consumer, or market research, strategy.

Domain 2. Continual Marketing Research. Market research is eclectic in its use of specific research tools. It draws from a wide set of disciplines, including psychology, sociology, anthropology, and epidemiology. It has popularized a few specialized research tools such as focus groups, product testing, mystery shoppers, and the development of lifestyle research techniques. The most critical aspect of social marketing research, however, is its cyclical and iterative nature.

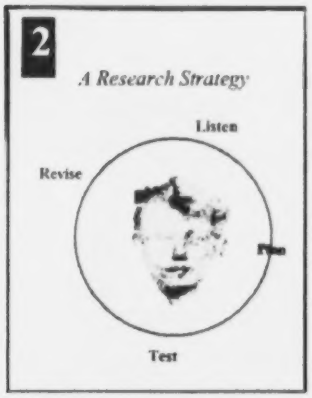


Figure 3

A basic assumption of marketing is that human behavior, whether purchasing a bottle of cologne, immunizing a child against disease, or adopting a regular exercise routine, is a moving target. Behavior is not stable. Market research, therefore, recognizes the need to continually integrate action with research. The research process begins by listening to and observing the consumer in an attempt to identify the keys to effect exchange. Pilot ideas are tested and reviewed. Programs are built to scale. Once operational, marketing interventions continue to be the subject for research, monitoring, and refinement over time to address the changing needs of various audiences.[6]

Contrasting Vaccine Model and Market Research. Market research represents a dramatic contrast to research typically found in large-scale trials of public health interventions. In public health, evaluation research is too often used to test

[5] Berkowitz, E.N.; Kerin, R.A.; Hartley, S.W.; Rudelius, W. *Marketing*, 5th ed. Chicago, Ill: Irwin, 1997.

model interventions as though they were vaccines. A peer outreach program, for example, is compared against a peer outreach plus mass media program to determine which combination works best against a control intervention. Once tested, and the efficacy levels determined, the successful intervention is then diffused, or injected, into large populations with the intention of "immunizing" populations against unhealthy behavior.

Marketing believes that there are no behavioral or intervention/prevention vaccines. Rather, community and individual behavior responds more like a chronic illness. The intervention should be monitored over time, addressing the symptoms of the moment and satisfying the needs of the patient as the "disease" progresses. The marketer, like the clinician, has an array of tested interventions at his or her disposal. But each application must be "mixed" to meet the needs of a specific community—recognizing that time, external factors, and unanticipated secular events may necessitate an adaptation of the intervention to meet those changing needs.

Domain 3. The Marketing Mix. The centerpiece of social marketing is the target audience and the benefits it wants to receive for adopting new behaviors. A marketing audience is that homogenous group of individuals who share perceptions, conditions, and desires related to the marketing program. To serve that target from multiple perspectives, social marketing has defined four domains of influence—product, place, price, and promotion—the four Ps of the marketing mix, which are illustrated in Figure 5. Almost all of

Figure 4

BEST COPY AVAILABLE

the marketing textbooks include an in-depth discussion of the marketing mix variables.

The product "P" describes the program decisions associated with selecting and shaping the idea, commodity, behavior, or service (the product) to be promoted to the audience. Social marketing products are more than commodities. A drug hot-line service, a set of resistance skills, a youth center's peer programs, are also social marketing products, although they can neither be physically packaged nor priced in monetary terms. The product P focuses the manager, at each process stage, on the issues of **product** *benefits*. It makes the manager aware of the factors inherent in the product that the target audience will like—color, taste, ease-of-use, safety, sexiness, or a sense of self-esteem, control, belonging, or doing the right thing. The search for benefits valued by the audience is what product development and selection is all about. At the heart of marketing is the idea of exchange: "I'll give you behavior, if you give me benefit"; "I'll give you a drug-free adolescent if you give me a sense of *coolness... inness... peer acceptance,* or... excitement.

Price in social marketing refers to more than monetary cost. It defines all of the barriers that a person must overcome to accept the proposed social product. Price includes opportunity cost, status loss, embarrassment, and time that an audience loses or forfeits in adopting a new practice. A young woman who pays no money to participate in a drug-prevention training program may view that program as being costly in other ways. Her time, inconvenience, or the risk of social stigma may constitute perceived costs that far outweigh the personal health benefits being promoted, particularly if she does not adequately understand, or give importance to, the possible consequences of drug use. Price helps the manager focus on and overcome those barriers that the audience perceives as most important.

The concept of **place** refers to the system through which the "products" (e.g., commodities,

messages, and health services) flow to users and the quality of service offered where these products are made available. Place focuses largely on overcoming one important structural obstacle to use, easy access. If we want youth to participate in a peer network, for example, we must ensure that the network is convenient. The place "P" also includes the training of providers, (e.g., community-based outreach workers, peers, friends, neighbors, and health professionals). Social marketing focuses special attention on their role as an effective "salesforce," going beyond their technical training as drug counselors, clinicians, or service providers to stress their skills at communication and persuasion.

Promotion is the fourth "P" of the social marketing mix and includes the functions of outreach advertising, public relations, consumer promotions, user education, counseling, community organization, and interpersonal support. Promotion includes decisions on messages (what is to be said about the behavior and its benefits) and decisions on channels (how that message gets to the right people at the right time). Substance abuse programs also have given special importance to "social advocacy" tactics which use press conferences, events, and media training to influence policy-makers and the general public through the vehicles of news as well as advertising.

Creating a Marketing Mix. While each P makes an irreplaceable contribution to successful behavior change, in a given situation a program manager may discover that one or another of the Ps is weaker and needs more attention—or that two or three of the Ps are already in place and need less attention. The marketing mix is the balancing of each P with the other to address a particular situation and its deficits. If the "Product P," for example, is politically mandated *(The authorities simply say there will be a drug hot line.)* and "Place" issues are resolved *(The hot-line service is already working and has competent operators.)* but use of

the hot line is low—the marketing director might focus attention on "Price" *(Why aren't people using the hot line?)* and "Promotion" *(What can I tell people to get them to use it?).* The notion that all four Ps are essential—but need disproportionate attention in any given situation—is at the heart of the lessons learned from successful marketing. The artful assessment and balancing of the marketing mix gives the manager a tool for determining the areas where scarce resources should be concentrated to overcome the most urgent problems.

Domain 4. A Positioning Strategy. Fundamental to marketing is the concept of competition. In commercial marketing this emphasis on competition is easy to understand. After all, there is more than one cologne to choose from. Positioning is the relationship that one product has in the mind of the consumer, as related to the competition. Examples: the most inexpensive cologne...the most long-lasting cologne...a real man's cologne...the cologne with greatest sex appeal...the quality cologne, etc. Positioning is a statement about the benefits of one product in relation to its competitors.

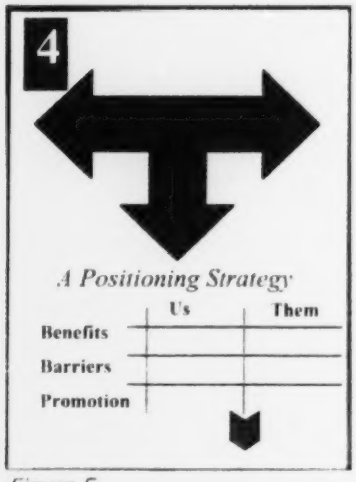


Figure 5

In social marketing, competition takes on a different but still critical role. In deciding to immunize a child for example, it is true that a mother may choose to immunize that child either at a public health clinic or at her private physician's office. From a public health point of view, as long as the immunization is delivered, it does not matter. Competition in the case of

immunization is not the provider of immunization but rather the attitudes and activities that compete for the mother's attention and hinder her from getting that child immunized. They are the *choices she makes instead of getting her child immunized.* For example, she fears the side effects of a vaccine and decides not to get the immunization.

In a developing country, a mother may fear that the local clinic will not have the vaccine and that she is wasting precious time in going there. Perhaps immunization goes against a deeply help local custom. As shown in the exhibit, a positioning strategy is derived by comparing the benefits and barriers that consumers see to the social marketing offering against those things which compete—or the other choices the consumer may make. Again, the centrality of this concept of competing behaviors is critical to understanding how marketing and social marketing differ from other approaches to behavioral influence.

In summary, social marketing rests on four basic marketing concepts: *A Philosophy of Exchange*; *Continual Marketing Research* based on the belief that behavior is a moving target; *The Marketing Mix* that integrates programs to influence change both structures and attitudes; *A Positioning Strategy* that reflects the competitive advantages of the offering over its competition in the mind of the consumer.

How Social Marketing Differs From Commercial Marketing

We have seen a few examples of how social marketing tactics differ from marketing tactics. Competition is rarely against another organized marketer (antismoking campaigns and anti-pollution programs are exceptions) but more often against attitudes, beliefs and structural constraints, such as time, distance, and prejudice, which inhibit the desired behavior. In

addition, we know that social marketing faces certain special challenges.

As indicated earlier, at least one important difference exists between social and commercial marketing. The primary motivation of the commercial marketer is to make money. Costs plus profits are passed on to consumers. While making money, the marketing firm may also do a great deal of societal good. The marketing of pharmaceuticals, of health care services, of legal and educational services by profit-making organizations and individuals helps meet societal needs. Once, however, these commercial companies stop making money—a profit—they will go out of business. Their operational motivation as commercial enterprises is the bottom line no matter how committed they are to societal welfare.

In social marketing, it is rarely possible to pass all of the costs of the product and the marketing program on to the consumer. Almost always a third party (or parties) subsidize some part of the cost of the program. Even in the case of the social marketing of contraceptives, which look much like little commercial businesses, the products themselves are often paid for by donors, and the start-up costs are rarely paid back to the lender as would be the case in commercial marketing. Therefore, rarely, if ever, do social marketing enterprises function primarily as profit-making organizations. They operate as charitable business enterprises subsidized by the generosity of donors, whether government or private.

Social marketing almost always has two clients just as commercial marketing does. For the commercial company, the clients are the bottom line and the consumer. For the social marketing enterprise, they are the donor and the consumer. The differences in these relationships constitute important distinctions in the way social and commercial marketing operates. For example, social marketing means that donors often have "needs" in conflict with those of the target

consumer. Sacrifices in consumer orientation are necessary to satisfy continued donor support. Governments are often limited by what they support, particularly in programs targeting children.

"Cause-related marketing" has become popular among many commercial companies. Here the company determines that its support for social causes (environment protection, for example) is an integral part of its commercial marketing strategy and, indeed, company philosophy. However, according to Definition No. 3 above, if that company ceases to operate because it is unable to make a reasonable profit, it would not be classified as a social marketing enterprise.

Summing Up

This chapter identifies those aspects of social marketing which differentiate it from other forms of behavioral influence. **Education** approaches, for example, rarely operate on a concept of exchange, define competition as clearly, or balance a mix of structural and attitudes influences on behavior. Similarly **regulatory** approaches use nonvoluntary means to influence behavior, while social marketing is a totally voluntary approach to behavior change. **Advertising,** which is often identified as social marketing by some practitioners, is in fact a subset of the promotion element in the marketing mix. It constitutes a highly visible, but not indispensable, part of a successful marketing program.

Finally, **social advocacy** is often contrasted with social marketing. The primary argument made is that advocacy focuses on the structural constraints to health behavior, making it less necessary to change individual behavior, while social marketing focuses on changing the individual. This argument is based on almost 15 years of social marketing practice that has indeed emphasized the promotional aspect of marketing. Advertising campaigns were the centerpiece of

these efforts, and advocacy critics were right to point out the weakness of a promotion-heavy approach. Today, social marketing is using the full range of marketing- mix tools. Part of this new approach uses advocacy to promote policies and structures that make it easier for consumers to adopt new behaviors and harder for them to adopt less healthy ones.

Much remains to be learned about the practice of social marketing. We face a period when sharing a common definition of social marketing may be more critical. If we are to improve the practice of social marketing, we must first begin by agreeing upon what it is.

Chapter 2

Notes from the Field

Social Marketing: What's the Big Idea?

Editor's Note: This column is based on a presentation given during the Seventh Annual Conference on Social Marketing in Public Health held at the University of South Florida in Clearwater, Florida, on June 27, 1997.

Originally published in Social Marketing Quarterly/Winter 1998

The case study data presented here are hypothetical, but the case study itself is based on work being conducted by the Academy for Educational Development through a cooperative agreement with the Environmental Protection Agency. Three sites have been selected for the Reducing Vehicle Miles Traveled (VMT) program described here, including Boston, MA; Tampa, FL; and Kansas City, MO. The program is designed to reduce the number of short trips that drivers make.

CHAPTER 2

In this first installment of "Notes from the Field," I'd like to show you how thinking like a marketer can help direct our thinking towards consumer-oriented program planning. I'm a great advocate of science-based social marketing. I've also been involved in community organizing and with behavioral science and have combined these three things.

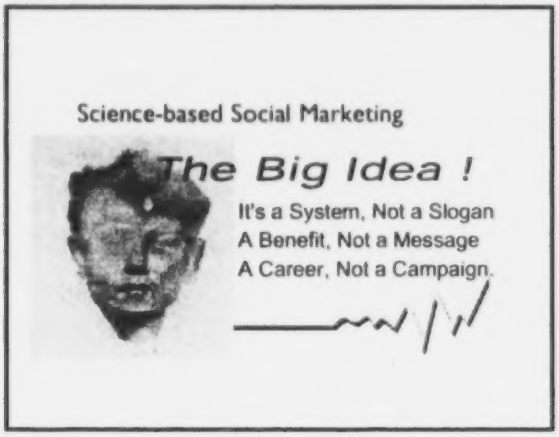
For the purposes of this column, I tried to come up with a single "Big Idea." The most common "Big Idea" in social marketing is "knowing your audience." We all know it is important to paint a portrait of our audience. Are they male, female, young, or someone old who feels young? Is it an African-American person, or an Asian person, or an Anglo person? Are they affluent people, or do they simply feel rich? Do they like shopping? Are they tree huggers? Or are they a little bit of both and don't understand how contradictory those things are? Who is the target audience in some real terms?

After some thought, I decided to focus on four "Big Ideas," as follows:

- **Marketing is a system, not a slogan.**
- **Marketing is a benefit we're offering people, not a message.**
- **Marketing is a full-time career, not a one-time campaign.**
- **Marketing really is about better services, better products, and better behaviors. In a very real sense, it is about changing us as much as our consumers. We are the ones who have to change in order to get the people we are trying to serve to change.**

CHAPTER 2

Science-based Social Marketing



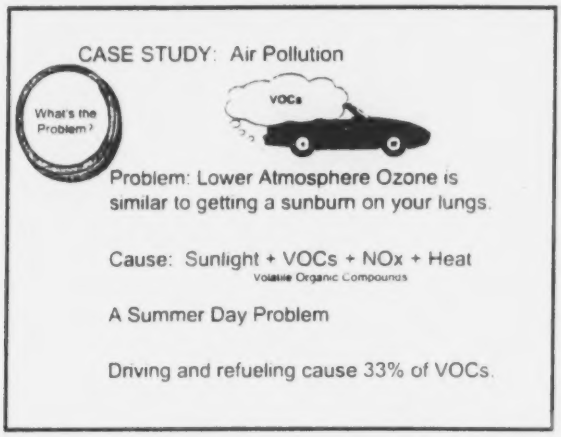
Most program planners believe they are thinking the right way about a problem. They believe they have to help other people understand how they are thinking about it. Marketing says almost the opposite. The marketer has to think like the audience, rather than persuade the audience to think like the marketer.

> "Most program planners believe they are thinking the right way about a problem. They believe they have to help *other people* understand how *they are* thinking about it. Marketing says almost the opposite."

I have been privileged to work with the Environmental Protection Agency on a program called Reducing VMT (vehicle miles traveled). When I first met with the professionals from the EPA to discuss VMT, I hadn't the faintest idea what they were talking about. The average American doesn't know what VMT is, why it's a problem, or whether it's good or bad. The average citizen probably consider it to be one of those "alphabet soup" acronyms the federal government often uses. In a nutshell, the problem we're trying to solve represents another of the basic challenges to social marketing: How to convince people to do things that do not seem to

be in their self-interest but which carry significant societal benefit.

VMT is related to air pollution—specifically lower atmosphere ozone. Lower atmosphere ozone is caused by a combination of sunlight and volatile organic compounds (VOCs), along with nitrogen oxide and heat. When you combine these in sufficient concentration, the effect is similar to getting a sunburn on your lungs. Lower level ozone is a summer day problem because heat and sunlight interact with VOCs to produce lower atmosphere ozone. Where does VMT come in? Well, approximately 33 percent of all of the


CASE STUDY: Air Pollution
What's the Problem?
VOCs
Problem: Lower Atmosphere Ozone is similar to getting a sunburn on your lungs.
Cause: Sunlight + VOCs + NOx + Heat
Volatile Organic Compounds
A Summer Day Problem
Driving and refueling cause 33% of VOCs.

volatile organic compounds that cause lower level ozone are produced by either driving or refueling automobiles. People have a number of options for reducing VOC emissions.

To understand what a social marketing perspective can add, let's look at four specific behaviors and ask ourselves which of these four represents the best opportunity to make a difference in VOC production:

- Don't top off the gas tank when you refuel.
- Avoid cold engine starts.
- Drive less (carpool, for example).
- Walk to work.

BEST COPY AVAILABLE

One of the first questions marketers ask is, "What are you offering people?" Well, one obvious answer is, we're offering them a health benefit. Lower atmosphere ozone is dangerous to your health.

But who is our audience? And does a "health" benefit matter to the audience? Our audience is probably someone who owns a car. We've

What's the problem?

- What is the magnitude of the problem?
- Who's at risk?
- What are the clinical options, *requirements, limitations and side effects*
- What scale of change is necessary to make a difference?
- What political and financial constraints do we have?

suddenly narrowed our focus from everybody in America to people who own and drive an automobile. That's an important targeting decision already.

"One of the first questions marketers ask is, 'What are you offering people?'Well, one obvious answer is, we're offering them a health benefit. Lower atmosphere ozone is dangerous to your health."

Because we want to reduce air pollution, one of the next questions we need to ask is, "Which of these behaviors reduces air pollution the most?"

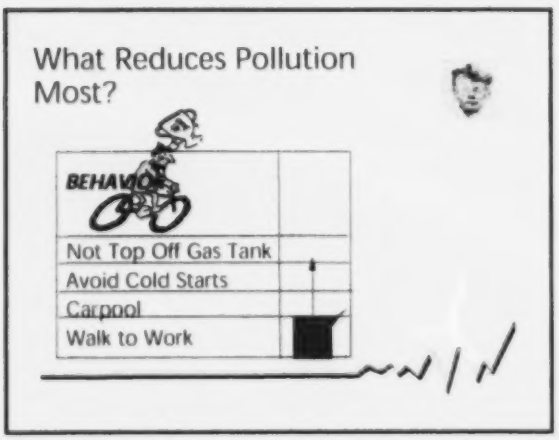
Walking to work for example, would make a major impact on the environment. If everybody in America walked to work, we would surely solve the VMT problem. Persuading people not to top off their gas tanks would help to alleviate the problem. Convincing everybody in America to

walk to work, however, would be a far more effective remedy.

Let's focus first on the most environmentally beneficial behavior. Our target population is someone who lives near enough to work—or is willing to move near enough to work—to walk. But in doing this, we have suddenly narrowed our population to such a small number that it may have no real impact on VMT.

As a marketer, I've got to go back and say, "Well, walking to work was a noble goal, but I've either got to plan a 25-year program to achieve that objective, or I'm stuck with few people in America (those who live near enough to work to walk there) who can adopt this behavior."

Another question we need to ask is: Who is most in need? That is a question people in public health ask all of the time. Who is the neediest person? Marketing people are different. They tend to be more practical. A guy who is selling shoes doesn't try to sell shoes to people who don't have feet. That's not where he starts. Marketers begin with the people who are most likely to buy something.



Fortunately for our social marketing problem, people are at different stages of readiness for the four different behaviors. Many people are saying, "No, I'm not going to walk to work, and "I'm not going to carpool." They're not ready for that. Some people might be ready to address cold starts, but they don't know what it is. And there are a lot of people who are now topping off their gas tanks but who may be willing to think about changing that behavior—an easy-to-do behavior with few obvious problems.

Now which of these behaviors would you be willing to change tomorrow? Would you be willing, if you're not already doing it, to walk to work for the next three months? Or, if you're not already doing it, would you be willing to carpool? How about avoiding cold starts?

What's the problem?

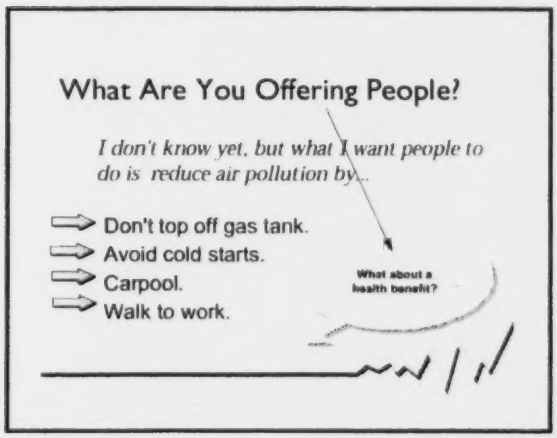
- What is the magnitude of the problem?
- Who is at risk?
- What are the clinical options, requirements, limitations, and side-effects?
- What scale of change is necessary to make a difference?
- What political and financial constrains do we have?

What is a cold start? Modern emission systems in automobiles are extremely effective. When you start up an automobile, significant pollutants are produced during the first 30 seconds after ignition. The emission system, which has been vastly improved over the years, is at its lowest efficiency at that point.

Within approximately 30 seconds, the emission system becomes very efficient and significantly

reduces the amount of pollutants produced by that car. When you stop your automobile and park it, the emission system will cool down in somewhere between 15 and 30 minutes. If people were to avoid cold starts—"starts that pollute"—they would need to understand what a cold start is and that stopping and starting their cars causes pollution.

We have decided that asking people to walk to work is not a good marketing decision in the short run because far too few people can do it at present. Marketing is a way of thinking about problems that bounce around your head. It leads to dead ends and new starts. At this point, promoting fewer "cold starts" might be a better opportunity than convincing people to walk to work.


What Are You Offering People?
I don't know yet, but what I want people to do is reduce air pollution by...
Don't top off gas tank.
Avoid cold starts.
Carpool.
Walk to work.
What about a health benefit?

And you can see, so far we haven't said a single thing about a slogan, a radio spot, a TV campaign, or a celebrity spokesperson. We are simply trying to think like a marketer by asking: "What should we be working on? What issue should we be attacking? Where can we make a difference?"

Let's assume for a moment that we also ran into problems with cold starts and decided, therefore, to focus on topping off gas tanks. It is the easiest behavior to adopt, and numerous people could do

it. It may be the best place to start. "Topping off" means that when I refuel my car, I will not give it that little extra pump. Why is topping off your gas tank such a bad thing? Spillage pushes gasoline out, the gasoline evaporates and that produces VOCs, which go into making ozone.

	Top Off Gas Tank	Avoid Cold Start	Car-pool	Walk to Work
Who is the audience?				
Which reduces air pollution the most?				
Which has the largest number of people ready to do it?				
How much time do we need to produce change?				

Let's imagine for the moment that we also have research findings that show that topping off the gas tank is a gender-based behavior. Men tend to do it more than women; therefore, we know that we should narrow our focus to male behavior.

It's important for us to find out what men know about topping off the gas tank. We typically put together a survey and ask an audience of male drivers a few key questions, such as: *What is ozone? Is ozone a problem? Do you think ozone is serious? Do you top off your gas tank?* Let's assume that we find that most men do not know about topping off or about sunburned lungs are unconcerned about these issues.

Should we launch an educational campaign designed to persuade these men to get serious about the problem? There could be lots of creative ideas around sunburned lungs. If men don't think that ozone is serious, we need to teach them, right? Maybe.

One way to analyze these data is through an interesting technique called a **doer/nondoer analysis.** We take all of the men who answered our survey, and we divide them into groups and add one question: Do you top off your gas? You put all of the people who say "no," into one category, called "doers." You take all of the people who say "yes" into another group called "nondoers."

The people who do it right are called doers, and the people who do it wrong are referred to as nondoers. Then you ask numerous questions and determine how these two groups differ from one other. The assumption of this analysis is that if people who are not topping off their gas are thinking or doing something different from the people who are topping off their tank, *that* difference may be the key to change the people who comprise our target audience.

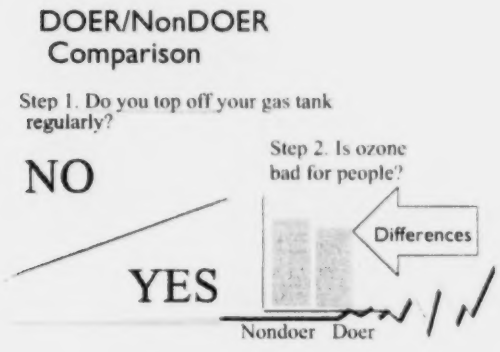
I've put together some hypothetical data to show you how this works. What is most important here is the *difference* between these two columns, not how big the columns are (see doer/nondoer comparison). We can see that knowledge is not a good predictor of behavior in this case. Looking at this hypothetical data, we note that when we ask people if ozone is a threat to their health, we see low numbers. No one seems to think it is a threat. The numbers are lower for both groups. The people who don't top off their gas, the "good" guys, don't think ozone is much of a threat; the "bad" guys don't either. Hence, no one is really scared of ozone.

Refueling and Social Norms

What if we focus our study on topping off, not on ozone? Let's ask men: *"Do you top off your gas tank? What do you mean by topping off? Do you always top off your gas tank? Why do you top off your gas tank?* " What we are looking for is the determinant of "topping off," the reason that most guys, or the reasons that different guys give for performing this behavior. Let's ask men: "Do you ever talk to

your friends about refueling?" "Do any of your friends top off?" "Has your office or your car dealership ever mentioned topping off?" Look at the difference between doers and nondoers. People who know their co-workers are not topping off don't top off either.

A doer/nondoer analysis helps you determine whether the behavior you are analyzing, is dependent upon knowledge, attitude, or some outside structural factor. In this hypothetical case, the differences were clearly related to social norms. Men see other men topping off; it seems like a "guy" thing to do. A scare campaign on sun-



burned lungs would not accomplish anything useful. But, what if we run a social norm campaign? We tell men, "Guys aren't topping off their gas anymore." So, basically, a doer/nondoer analysis of the data helps us to target *areas of opportunity for change.*

The next marketing notion to consider is the competition. Coca-Cola monitors what Pepsi is doing. Are they lowering their price?" "Are they putting in more distribution outlets?"
"Have they come out with some new products?" It's important to remember that social behaviors also compete with other behaviors. Not topping off competes with topping off. "Competition" in social marketing can be defined as what people do instead of doing what you *want* them to do.

"Coca-Cola monitors what Pepsi is doing. Are they lowering their price?" Are they putting in more distribution outlets?" Have they come out with some new products?' It's important to remember that social behaviors also compete with other behaviors."

The competing behavior has benefits as well as barriers. The target behavior also has benefits and barriers.

We need to look at those benefits and barriers. Another part of marketing research consists of asking questions such as, "What makes it easier for you to do this?" "What makes it hard for you to do this?" "Who wants you to do this?" "Who cares whether you do it or not?"

To illustrate this point, here is a hypothetical conversation we might have with a male driver about topping off.

Q. "Who notices whether you top off or not?"

A. "No one really. Sometimes my wife or the kids are with me, but they have never said anything about topping off. "

Q. "And how important is your wife's opinion - or your kids'opinions on something like this?"

A. "If they nag enough, I suppose I would pay attention. "

Q. "Whose opinion is important to explain the disadvantages of topping off? "

A. "I'd expect my car dealership to say something about it. "

Q. "Would that matter?"

A. "It might if I thought I got better gas mileage or it hurt the paint job to top off. "

"As social marketers, we need to realize that it is not only who has an opinion but also how much the audience cares about that opinion that matters."

As social marketers, we need to realize that it is not only who has an opinion but also *how much the audience cares about that opinion* that matters.

Answers to these types of questions begin to fill in the gaps in our thinking. They move us away from health appeals and get us closer to other benefits that are important to people.

By putting all of this information together, you wind up with a portrait of our intended audience: *I'm a guy, 30- to 50-years-old. I work in an office. I don't care much about causes, but I'm willing to do something if it's easy, if it protects my car, if my friends approve, and someone reminds me to do it.*

When I first started doing marketing, I remember walking through the creative department of an advertising agency and noticing that many of the people there had color photocopies or sketches of people in their offices. They clearly weren't family members. I asked, "Who are these people?" They said, "Oh, that's the audience we're working on now. We get together with the research department and kind of draw the person up." As one creative director put it: "How would I write copy if I didn't know who I was writing for?"

Now that we know more about the type of problem that is possible for us to tackle and more about our audience, we can begin to make important marketing choices. (Have you noticed we haven't mentioned the word "communications" yet?) We still have a variety of marketing options to consider.

First of all, instead of doing something with people, we might do something with the product. We might create a new nozzle that prevents people from topping off their gas tank. We have already created cars that pollute less. A total of 97 percent of emissions were reduced by making emissions systems more effective, not by changing behavior. Better products represent good marketing too.

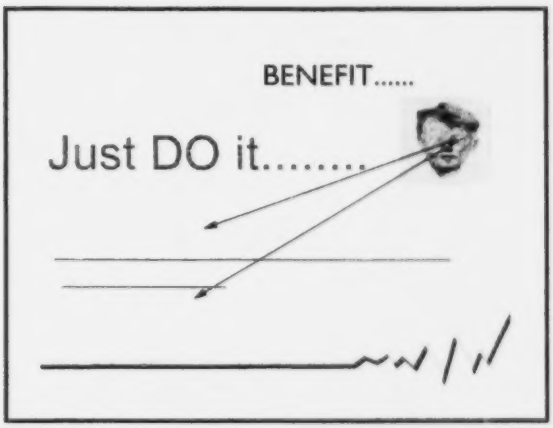
When product changes are impossible however, we can consider an advocacy strategy to implement regulations, such as requiring gas stations to install the new nozzles on their gas pumps. Perhaps a price break as an incentive might be devised. We could do something fun. Maybe our target audience of men has a great sense of humor. We could create a variety of funny bumper stickers that serve as a reminder. Put them in gas stations. Make them a little raw, a little bit underground. Don't put a government education label on them.

> "I asked, 'Who are these people?' They said, 'Oh, that's the audience we're working on now. We get together with the research department and kind of draw the person up.' As one creative director put it: 'How would I write copy if I didn't know who I was writing for?"

Once we have selected a strategy, we then need to promote that strategy and its message. We might involve workplaces and obtain press coverage about topping off. There's a wonderful ad on TV featuring now with Jerry Seinfeld who is trying to get the gas exactly at $10. It's a big competitive "guy" thing. He might be an effective spokesperson for not topping off. Change the behavior a little bit, get him to laugh at it, and you have a wonderful communication solution.
What is the final benefit we arrived at? What are we offering people? Just do it. Why? Because, it's easy and everybody is doing it these days. Maybe

some people want to feel like they're helping the environment. We can talk a little about the environment. But remember, what we really want is for the people to perform the behavior. We don't want them to be able to give us a lecture on ozone. We want them not to top off their gas tanks.

Finally, in implementing any communication



strategy, there are a series of communication questions that are important.

When and where are men ready to hear this message?

What channels reach them regularly? (People don't remember something they just hear once.) What channels do they trust?

> "But remember, ***what we really want is for the people to perform the behavior.*** We don't want them to be able to give us a lecture on ozone. We want them not to top off their gas tanks."

Put the answers to these questions together with our strategic approach and we're ready for the final phase of our marketing strategy.

The Program

- Whom will we target?
- What are the determinants of their behavior?
- What indicators of success will we use?
- What combination of force, facilitation, freebies, feelings, and facts will we use?
- What channels will we use to deliver the combination?
- How will we determine whether people knew about, recognized, appreciated, and were affected by the intervention?

We have a behavior and an audience. We figured out what the benefits of changing the behavior would be. We also considered how to reach our intended audience with that information. The other interesting thing about marketing is that many of you could have started out just where I started out and wound up in a very different place, with a unique marketing strategy that would work just as well. No one perfect marketing strategy exists. There are many answers. Some of them work; some of them don't. But there are many different approaches that could work.

As a marketer, I consider myself to be somewhat like a detective. Marketing is a very empirical or creative process. Sometimes it's a nightmare of too many hypotheses and too much data, none of which ever answers the questions you really need. Almost always, the data you collect raise as many questions as they answers. But at some point,

you just have to say, "I'm going to stop asking questions and just do something. I'll monitor what happens and make the changes necessary for it to work."

"Almost always, the data you collect raise as many questions as they answer. But at some point, you just have to say, 'I'm going to stop asking questions and just do something. I'll monitor what happens and make the changes necessary for it to work."

In taking you through a hypothetical case study, I've tried to illustrate that:

1. Picking a problem that is both ***worth solving*** and one ***which you have the resources to address*** is critical.

2. ***Offering benefits*** and ***bringing down barriers your audience cares about*** is critical.

3. ***Changing systems and structures***, as well as messages, is critical.

4. ***Once you have a message, getting it out*** widely and repeatedly is critical.

5. Finally, ***monitoring*** and ***changing the*** social marketing ***program*** is ***critical***.

The good news is that there is nothing terribly new here. The bad news is that too many programs still leap to messages before asking about structural changes, and too many good messages never get the exposure they need to make a difference.

Chapter 3

Notes from the Field

Forget Messages... Think about Structural Change First

Originally published in Social Marketing Quarterly/Spring 1998

During the past five years, there has been considerable debate regarding the relative merits of social marketing versus media advocacy. The debate is dissolving in some circles into a simplistic "we need both." That is true, strategically. We do need both. For textbooks that is a fine answer, but tactically we cannot always afford both. How do we make the choice between promoting a structural change or promoting individual responsibility and action at any one given point in time and circumstance?

What's the Debate All About?

Smoking cessation gives us one of the clearest cases for understanding the difference. Do we aim our programs (money, talent, and time) at the smoker, or the would-be smoker, trying to improve knowledge, attitudes, and skills that will cause that person to stop smoking or avoid ever starting? Or do we address the tobacco industry, the tobacco advertising and promotion industry, indeed any industry associated with producing and distributing tobacco products, thereby making it more difficult for these industries to sell cigarettes and making it easier for people to never smoke? Do we focus on the individual or the structural environment surrounding that individual?

Similarly, we can ask, do we focus on teaching condom skills to IV drug users at risk of HIV/AIDS, or focus on needle exchange and rehabilitation programs to make it easier for them to protect themselves from HIV/AIDS? Do we promote breastfeeding to Third World women, or do we inhibit the infant formula industry from marketing its products in irresponsible ways? Do we teach women in Third World countries to rehydrate their child suffering from diarrhea or fight for clean water and adequate health systems so that diarrhea becomes less of a problem? Do we teach people to use seat belts, or do we demand that safer air bags be made and speed limits dropped on highways to reduce traffic fatalities?

The Textbook Answer

We need both. This argument is substantiated by experience and by most of the theories. Larry Wallack says in his 1993 book on *Media Advocacy*, "Trying to convince everyone to be moderate in his or her behavior is important but not sufficient for change" (Wallack, p. 21).

The September 1989 issue of the *American Psychologist*, features an excellent article by Robert Jeffrey entitled "Risk Behavior and Health." The author talks about contrasting individual and population perspectives. He concludes by saying:

In summary, public health action strategies for risk behavior reduction can be approached from either the individual perspective or population perspective. It is argued that individual and population strategies should best be used together to maximize public health effectiveness.

Let's Talk Vocabulary First

It is important to clarify for the reader the way in which I use three **labels—social marketing, social advocacy**, and **social advertising**. Social marketing for me is about social change, individual behavior change, and structural adjustments to obviate the behavior or enable it to occur. Social advocacy is a subset of social marketing that focuses on structural change, while social advertising is a subset of social marketing that focuses on messages, attitudes, and perceptions of individuals.

As soon as I hear the word "message" I believe that I am hearing perceptions and advertising. When I hear the words "policy, law, or regulation," I am hearing structural change and advocacy. This approach may appear simplistic, but it works for me.

If we look at the tobacco experience in America, we see both tactics playing a critical role.

Continual public education on tobacco over a relentless 25-year period is generally credited with public willingness to support tobacco-free areas on planes, in restaurants, and in public buildings across America. At the same time, it can be argued that recently the greatest public educator on tobacco has been the legal system and the enormous public and political attention the tobacco debate has engendered in the press and the home of every American. The availability of products such as the patch, smoking cessation clinics, peer support networks, and social pressure in the home and workplace have all interacted to create a change in the overall climate towards smoking.

So what about communication, health communication, and media? They are tools that both advertisers and advocates use to achieve their own special purposes. The advertisers employ them to change perceptions and individual behavior while the advocates use them to change policy. In the real world, I too often hear people talking about social marketing and really meaning social advertising. Case in point: While searching for "social marketing" on the Web, I ran across an interesting Web site put out by a prevention resource center in the Midwest. Here are some definitions the center used:

To market alcohol and other drug prevention programs, the planner should borrow the four Ps used by marketers: product, price, place and promotion.

In health communication, these concepts take on the following meanings:
PRODUCT is knowledge, attitudes, or behavior you want the audience to adopt.
PRICE, unlike in commercial marketing, is not monetary. Instead, price in health communication is what audience members must give up to receive the program's benefits.
PROMOTION is the means for persuading the target audience that the product is worth the price.

PLACE refers to how the message is disseminated, such as through electronic or print media, billboards, or community programs.

In the foregoing quote, you see the consequences of mixing up marketing and health communication. The 4 Ps were not designed to explain health communication. Communication is a perfectly good subset of promotion. Of course, for the past eight years, integrated marketing communication has replaced the old notion of simple communication. A PRODUCT, however, is defined not only as "knowledge, attitudes, or behavior." It also includes objects and services.

"PRICE is what audience members must give up (exchange) to receive the program's benefits." But that is a marketing definition not a health communication definition. And in the most confusing redefinition of all, PLACE is not "how the message is disseminated, such as through electronic or print media, billboards, or community programs." PLACE is how services and products are made easily accessible to consumers.

By confusing health communication with marketing, the resource center has excluded the world of structural change. It has focused the program on messages. You can see this transition in the following quote from the same Web site.

STAGE 1: PLANNING AND SELECTING STRATEGY

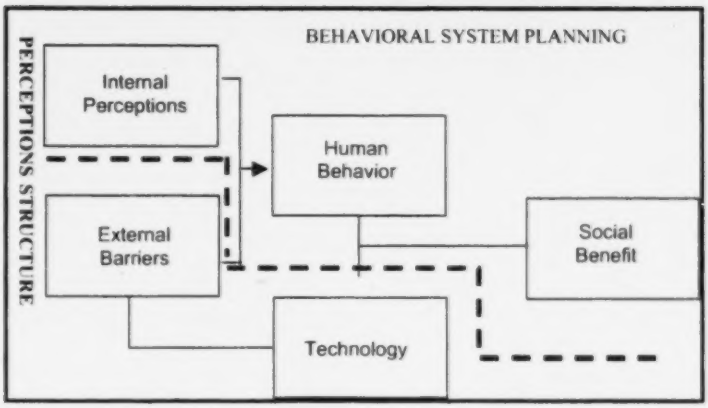
This stage provides the foundation for the entire social marketing process. An assessment of the problem, the target audience, and the available resources is conducted before moving ahead. During this planning process, the target audience should become increasingly segmented. This segmentation will aid in the development of appropriate messages. Goals and objectives will be developed at this time. These will shape the program as planners progress through the stages.

This Web site furnishes a wealth of useful information. Clearly the center certainly has fine professionals, but there is also a disastrous confusion between social marketing and health communication in this paragraph. Creators of the site begin by referencing "social marketing" but quickly drop into the world of message development without any reference to other marketing functions.

After running into this confusion time and time again, I have become very sympathetic with the arguments made by my social advocate friends that "social marketers are hopelessly biased in favor of messages and individual change." Little more than lip service is paid to the structural environment that surrounds individual behavior in many so-called social marketing programs. For this reason, I think people could benefit from a little practical advice about when to think about advocacy and when to think about advertising—making a clear distinction between strategies that promote environmental change from those that support attitudinal change.

What Do You Do on Monday?

Monday is that magic day when you return from a fantastic conference or finish reading an inspiring book on media advocacy or social marketing. You walk into work a new person, ready to conquer the world with your great new ideas. Then, you run flat into reality! You have spent a good deal of the weekend restructuring your budget to be able to afford both advocacy and advertising. But your budget was just cut. Your boss doesn't want to hear about anything that may create a controversy. Your staff have been working on a tag line they love for a "campaign" you have been planning for three weeks. Now you have no money to run it. What do you do?



The first thing you do is take the diagram illustrated above, draw it out on a big piece of paper and stick it up on the wall. You call everyone to a meeting and begin by saying, "What are we doing here? Are we attacking our greatest target of opportunity for change or not?"

Notice the diagram has five boxes. Start with the box labeled Social Benefit.

1. Define the Possible
(Social Benefit box)

List the outcome(s) you need in order to satisfy yourself and your boss (your supervisor, your funder, your agency regulations)—reduce mortality from measles, reduce cigarette smoking in teens, increase exercise among men over 50. This approach can be tricky, and it will depend often on how far along your program has already come in its decision-making. Take the last example. The reason you want men over 50 to exercise is to reduce a number of health problems—heart disease, some forms of cancer, etc. The benefit is disease reduction. But there are other ways to achieve those disease-reduction goals than through increased exercise.

In the real world, you are often forced to function in the middle of a "logical" framework that doesn't really work. If you're not trapped in such a

framework, start with the broadest benefit possible and work back looking at all alternative strategies as possible targets of opportunity. If you are limited to running an exercise program, for example, then start there, but recognize that exercise alone may play a small part in the broader mortality or morbidity goal. The most important thing you can be at this stage is clear and honest with yourself. Now, go to the box labeled Technology.

2. Define the Structural or Nonbehavioral Alternatives
(Technology box)

Behavior is difficult to change. Avoid modifying behavior if you don't have to. If we can create a safe air bag, why worry about seat belts and getting people to use them? If we can build an automatic seat belt, why bother with a manual one? Even though a totally safe air bag and automatic seat belts have yet to be but developments in both of these areas have reduced traffic deaths dramatically in the last 25 years. Look hard for nonbehavioral solutions to your problem. Be creative here. Go back to your audience. Put yourself in their lives. The key question is, **"What can I do to make it unnecessary for members of my audience to change their behavior and still protect them from X?"** Resist the urge to focus solely on poverty, discrimination, and the other overwhelming explanations that may take years to address. Think about what could be changed in the environment before you think about what you could change in their heads. If anyone on the team brings up the word "message" in this discussion, thank them, but tell them it is not time for messages yet. Think about structures, products, and services before you consider messages. Consider regulations, laws, sanctions, that could be used to promote or enforce some behaviors. Make a list. Force yourself to do this. Don't be deterred by thinking, "I can't change regulations." Sometimes you can, sometimes you can't, but your thinking should always include the

possible alternatives. Now go to the box labeled Human Behavior.

3. Define the Behavioral Alternatives
(Human Behavior box)

Now consider the behavioral alternatives. Here the key question is, **"What can people do to protect themselves from X?"** The literature is filled with systems for completing this type of analysis. What do people do that places them at risk? How risky is one behavior over another? There is a model where, through observation, you define the ideal behavior. You then watch what real people do and describe the differences or "deficits" between the ideal non-risk behavior and actual risk behavior. Those deficits become your program targets. Many other models exist. Select one that you believe in, but focus here on behavior, not knowledge, attitudes, or beliefs yet. Now go on to the box labeled External Barriers.

4. Define the Structural Determinants of the Behavior
(External Barriers box)

Isn't this the same thing as the nonbehavioral alternatives? No. A nonbehavioral alternative is an air bag that works whether I do anything or not. A structural determinant of a behavior is more like a seat belt that is placed properly so that I can reach it easily and use it with less difficulty. A structural determinant of a behavior recognizes that I have to put the seat belt on myself, but a structural change *can make it easier for me to do.* The key design question here is, **"What can I do to make it easier and better for members of the audience to protect themselves from X?"**

Improvements in service delivery—the timing of services, the hours of operation, the courtesy and efficiency with which people are treated—are examples of structural determinants of behavior. Again, these have nothing to do with messages. They are changes in the environment that make it

easier for people to do things right and harder for them to do things wrong.

Making it harder to advertise cigarettes, making cigarettes more costly, making cigarettes harder to smoke in public places are all structural controls on the individual decisions to smoke or not. Go now to the box labeled Internal Perceptions.

5. Perceptual Determinants of Behavior
(Internal Perceptions box)

What people think also matters in relation to what they do. This is true of the woman learning about breastfeeding for the first time, or the policy-maker convinced that highway speed doesn't matter to fatality rates. When talking about changing policy, Wallack says, "Changing policy means changing minds, and that takes time" (Wallack, p. 48). Again, a plethora of literature exists regarding the perceptual determinants of behavior. Here the key question is, **"What can I do to help my audience want to voluntarily protect themselves from X?"**

The important words here are "want to" and "voluntarily." The emphasis at this stage is their knowledge, attitudes, beliefs, and perceptions that support the right behavior. I will not attempt to review that literature even briefly here. My goal is to set up another framework in your mind. My intent is to convince you to think first about the environmental constraints and then focus on internal perceptual ones.

I would like to argue that the choice is not just between individual behavior and environmental or structural change. Even when you are addressing individual behavior, you have to consider environmental or structural determinants of those target behaviors. And marketers should be as excited about changes in structures as they are about changes in messages.

A case in point is another Web site I found on the Internet. I wanted to quote from this Web site because it offers a perspective that I think is closer to a marketing perspective:

Currently, social marketing is moving toward a more sophisticated and multichannel approach to selling social ideas. Social marketers now conduct extensive research to understand their target market and to gauge the effectiveness of alternative marketing strategies. Social marketers engage in product development to find the best product to meet the societal need. Social marketing is increasing its use of incentives to create added motivation among participants. Lastly, social marketers realize that facilitation is a key component of effective campaigns. The marketer must find ways to make the adoption of new behavior easy.

The key concepts here are *"products to meet societal needs."* That says to me: Address structural constraints so that people are not required to change behavior. Give them services that work. "Use of incentives" means both regulations and added benefits that constitute new environments to influence behavior. And "facilitation...to make new behavior easy" is a way of saying change the world so people do not have to change or at least so that they have a fair chance of succeeding in changing themselves.

I believe that both structural change and perceptual change are at the heart of effective marketing. But I also believe that marketing has become so tainted with the *magic message solution* that today we need to focus hard and first on structures before we talk about messages.

In conclusion, ask yourself these two questions about your social marketing program:

1. **Am I doing all that I can to make it unnecessary for members of my audience to change their behavior and still not suffer the consequences of X?**

2. **Have I addressed every structural change I can foster to make it easier for people to do the right thing to protect themselves against X?**

If your candid answer is NO, then you have numerous, unexplored opportunities awaiting you.

Chapter 4

Notes from the Field

Marketing with No Budget

BEST COPY AVAILABLE

CHAPTER 4

Imagine that you are a regional representative for either a state or federal agency. You have no staff, five to six layers of supervisors. You are responsible for supporting at least three statewide health programs. Your annual budget is unpredictable and often shaped by recent "fads" in federal funding. Whatever budget you receive, precious few dollars are available for "social marketing." You are definitely not in the "campaign" business. You have no big antismoking dollars, but your immediate boss is pressing you to do "outreach." "Outreach" to her means "visibility"—print or media materials with a clever, compelling message... "you know, like those advertising guys do all the time."

You have just finished a social marketing training. You know what the *four Ps* stand for (Product, Price, Promotion...and...ah, ...Place), but you have no idea what you are suppose to do with them. You are excited about the *consumer-centered idea;* it has always been apparent to you that beneficiaries need to be more involved with your programs. Beneficiaries, however, have usually boiled down to "interest groups," which push hard for one agenda or another. Question: Given these conditions, what do you **do** about the practice of social marketing?

In a previous *Notes from the Field*, I tried to stress the importance of structural change. I suggested a five-step action process which includes lots of thinking. And I laid out four questions to answer for your program as you moved through this thinking process. But, I didn't really give you much advice on what **to do.**

Before we discuss what you might do, let me share with you what I believe is the bottom line about marketing that makes a difference in programs. First, marketing can be a sophisticated practice—much like surgery. You need extensive training, experience, and talent. Not every surgeon is as good as every other, and not every marketer is as good as every other. If you are dealing with $100 million budgets to

combat smoking among teens, or fighting a second and third wave of HIV infections among hard-to-reach audiences; if you are addressing domestic violence on a large scale, or seeking to increase enrollment rates in large national health care insurance programs, you need money, talent, and well-trained marketing professionals.

Not all medical problems, however, require sophisticated surgery; nor do all public health problems require expensive, expert social marketing. Critical local health programs exist where vast resources are not needed to make a difference. Programs, such as enrolling in local medicaid programs, increasing calls to a crisis hot line, reducing infection from local outbreaks, or changing local policy about AIDS education in the schools, are all manageable marketing problems. During the past six years, I have seen communities, epidemiologists, and just regular smart folks learn enough about social marketing to significantly improve their programs' effectiveness in addressing issues such as these. I believe that there is a core of fundamental ideas that sensible people can grasp and use to benefit their programs of social change. I refer to this core of fundamentals as ***minimalist marketing***. ***Minimalist marketing*** consists of three basic actions:

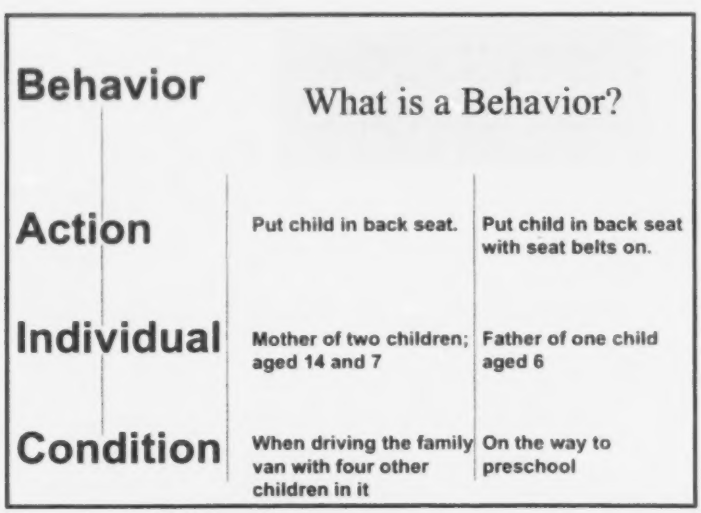
1. **Keep the audience and the behavior in the picture constantly.** There has always been an interaction between choosing a behavior and an audience. I think that the commercial advertising folks have over-emphasized "the audience first" notion. This situation occurs because often in commercial marketing advertising enters when the "behavior" and the "product" have already been selected by the client. But as we move to social marketing where we need to select the behavior and the audience, a more complex definition of both, which links audience and behavior, is necessary.

The definition I use of marketing behavior (See Exhibit 1.) is **"an action, by a specific segment of**

the population, under certain defined circumstances." By defining behavior in this way, marketing necessarily focuses on the segmentation of populations and attention to specific behaviors.

The most important marketing job is deciding who your audience should be and what you want your audience to do. The next most important job is to never lose focus on that audience and that behavior. If you have an abundance of program money, research is invaluable. If, however, your funds are severely limited, involving the audience in every stage of a program's development is a useful substitute. The most sophisticated programs today are doing both.

2. **Make the behavior fun, easy, and popular for the audience.** I started using these three words a few years to summarize three social science determinants—perceived consequences, self-efficacy, and social norms. Obviously, they are short hand, but they have been useful in making a bridge between theory and practice. These three words focus program managers on how to change behavior by giving people what they **want**, along with what we feel they need. FUN in this context means to provide your audience with some perceived benefits they care about.


Behavior
What is a Behavior?
Action
Put child in back seat.
Put child in back seat with seat belts on.
Individual
Mother of two children; aged 14 and 7
Father of one child aged 6
Condition
When driving the family van with four other children in it
On the way to preschool

BEST COPY AVAILABLE

EASY means to remove all of the possible barriers to action and make the behavior as simple and accessible as possible. POPULAR means to help the audience feel that this is something others are doing, particularly others who that audience believes are important to them.

3. **Base your decision on hard facts.** What evidence do I have that anything I have decided upon is based on reality? Essentially, this is a research issue. Do I have any factual support for my program ideas, or am I simply shooting from the hip of experience? The less information you have then the more careful and watchful you have to be during implementation.

What's Your Call to Action?

All of us have numerous opportunities to practice these fundamentals of minimalist social marketing. Even if we are not involved in big campaigns, each of us has control over something. Public health professionals, particularly those in government, have at least five basic settings where their actions could be guided by minimalist social marketing. Their actions in these settings include:

1. Organize meetings.

2. Build partnerships.

3. Give presentations.

4. Approve, sign off on, or give your remarks about a proposed program.

5. Speak your mind; give your opinion about something.

Many of you may do much more. But all of, or just about all of, you do at least these five key actions. Let's look for a moment at each one and think about how **minimalist social marketing**

might help. Remember minimalist social marketing means to:

1. Keep the behavior and the audience in the picture.
2. Make the behavior fun, easy, and/or popular for the audience.
3. Ensure that your decisions are based on some hard facts.

In the following section, I list a few of the specific marketing actions you could take in each of the five tasks mentioned above.

Marketing and the Organization of Meetings

- Invite members of the audience to attend the meetings. This is not as easy as it sounds. The audience should not include only paraprofessional "advocates" for groups, but rather people actually using the intended program. This audience often makes planners feel uncomfortable. Meetings time have to be changed. Vocabulary at the meeting often changes dramatically. I remember one incident where a member of a new low cost health insurance program called the audience "beneficiaries." A young women in the group spoke up and said she didn't want to be a beneficiary but a policy owner.

- Take a picture of the audience and put it up before the planning group for every meeting.

- Stop during the meeting and ask, "What would they in the picture think about that?"

- Make up buttons with the audience's face on it and have everyone wear them.

- As you design an activity ask yourself :

    1. Is there anything the audience will think is fun about this behavior?

2. Have we done everything possible to make it easy for them?
3. How can we get people they trust involved? By the way, whom do they trust, really?

- If someone suggests focus groups, you counter-suggest that individual interviews might be interesting to consider too. Caution people against relying too heavily on focus groups.

- Hand out a piece of paper which has two categories listed at the top; STRUCTURAL BARRIERS and INTERNAL BARRIERS. Ensure that the group you are working with has items listed in both columns. Discuss the structural factors first. Ensure that you have identified both the problem and the behavior correctly. The solution may not be in the behavior of your primary audience. It may be that other folks are making it either impossible or very difficult for your audience to do the right thing. Determine whether there are additional steps you can take to make your program easier to do. The most important thing you can do is to keep members of the audience and the real barriers they face in the mind of every group member and to keep asking yourself, "How do we know we really understand that audience? "

Marketing and Building Partnerships

Perhaps the single most powerful role you have is to convene people. The decision regarding who to convene and what the agenda ought to be is critical to the success of almost all social marketing efforts. Even those running major national campaigns spend a lot of time, money, and talent on building partnerships. Don't underestimate the importance of this role.

Perhaps the most overlooked partner is the media. Oh yes, we think of the media as a channel but not always as a partner. Your work building a partnership with the media can be critical. The media are inundated with social

causes. They are being beaten up by everyone and they want allies who do not abuse their alliance. The media must maintain independence and appear to do so. Recognize this fact and figure how you can offer them a seat without co-opting them. Numerous books and guides are available on how to work with the media.

Again, think like a marketer. The media, local corporations, the churches, business organizations, and local politicians are **audiences** you need to understand and address those same basic questions:

- What do they want?
- How can I give it to them?
- How can I get what I want too?

This is the theory of exchange in action.

Do away with "needs assessment" and replace it with "wants assessment." People are more motivated by what they want than by what they need. Try asking people what they want instead of what they need, and see if you don't get different answers.

Marketing and Giving Presentations

You are often called upon to speak before groups. If you are an epidemiologist, you are there to present data folks can understand about the health problem. If you are a federal or state officer, you are viewed as the person who should understand the program's organization, why it is there, how funds can be accessed, the person to complain to, etc. But you can also be a marketer.

Before your presentation think about your audience—the people coming to the meeting.

- Why are they coming?
- What do they expect to get at this meeting?

- Are there different groups? What common ground might they have?

- What do you want to get from them? A commitment to do something?...what? Be specific. Think about more than just giving them information.

- What do you want them to do after this meeting that they are not doing now? What is your Call to Action?

- What can you do to help them do it?

- What do they know about your "program's" audience?

- How can you make that "program" audience come to life for them?

Never make a presentation about data without pinning the data on a real-life story—a real person your audience can come to understand. Remember, every meeting is a marketing opportunity. Marketing is **not** about selling **your** ideas. It is about finding an idea that meets both your needs and the wants of your audience. You have to change *your* ideas often in order to be a good marketer.

Marketing and Approving Programs

You may be one of several people who are asked to either review or approve a program. Again, think like a marketer. How can what you say make it more fun, easier, or more popular for these program people to build an effective program. Even as an authority, you have the responsibility to persuade as well as criticize and praise, to help as well as to cajole.

Begin with praise. Never underestimate the human need for approval.

Focus your criticism on the big issues:

- The audience and the behavior or action;
- The benefits the program is proposing to offer; and
- The evidence they have that they are right.

Your primary job is to ensure that these programmers really know their proposed audience. Try to help them to be realistic. Often community planners think they have to solve the world's problems in order to get a grant. If you think something is weak, suggest how they might strengthen it.

My guess is that the weakest part of their plan will be the evidence they have regarding their assumptions. Community groups think they know their audience so well; and second, they have few resources for research. Often they do know their audience; sometimes they do not. Being clear about their assumptions is an area where you can assist these groups. Try to find a logical thread through their plan. The thread should connect their final prosed actions (e.g., a campaign or counseling and testing) with their assumptions about the audience.

The next most important thing is to help them be clear about the behavior. You might use the marketing definition of behavior I used above... *"an action by a specific segment of the population, under defined circumstances."* Help them define not only the action and the segment but also the circumstances. For example,

"Gay men between the ages of 14 and 18 .....SPECIFIC SEGMENT

who are living on the street .....DEFINED CIRCUMSTANCES

will use a condom every time they have sex ..... .ACTION (*both oral and anal) with a casual partner."*

Suggest some ways they might verify their assumptions. You know they do not have a lot of money for research, but they may be able to conduct a few intercept interviews or monitor the program looking for things they are less sure of. Simply helping them to define what areas they are less sure of, could be useful to them.

There is mucn potential marketing to be done when reviewing a program proposal, but remember that the authors of that proposal are your audience. You have to understand them and offer them something in return for what you want from them.

Marketing and Speaking Your Mind

Finally, you will undoubtedly find yourself able to influence decisions by speaking up...in the hall corridors, in casual encounters, at that one moment when someone is willing to listen. These encounters are where minds are really changed. Your job as a marketer during these critical encounters would be to help your boss or a colleague:

- Put the audience and the behavior in their minds.
- Discover what their program might offer that your audience **wants.**
- You can bring the program to life by talking about the people whom it will affect.

Every interaction is a marketing opportunity, but that moment is lost if you fail to realize that the persons you are talking to are also members of an audience whom you have to understand and **offer something to** in order to get what you want from them.

Chapter 5

Notes From the Field

Homegrown Social Marketing - What Next?

BEST COPY AVAILABLE

This special issue of *Social Marketing Quarterly* is focused on a set of experimental programs called the Prevention Marketing Initiative or PMI. With respect for the principle of open disclosure, I have to admit up front that AED was privileged to assist the CDC in developing this program; therefore, I am not totally objective. Five cities across the U.S. worked with the CDC and AED to develop a *homegrown, community-based* version of social marketing. The goal was to increase condom use among teens. The strategy was to use teen-developed materials. The question: Could *community-based* social marketing be a framework that teens and communities use to expand effective condom use?

The key here is "homegrown." We already had numerous programs around the world, from the Swiss Hot Rubber campaign to the successful PSI program in Portland, which show that social marketing, carried out by experienced professionals, can increase condom sales among populations at high risk of HIV infection. PMI was another attempt to show that social marketing can work. But there were two issues to be explored. First, could we show that condoms were also used as well as sold and, second, would social marketing work in the hands of nonprofessionals? Could social marketing be managed by communities with little or no experience in any of the formal processes of marketing?

The answer was yes (at least in Sacramento where we have reliable evaluation data). We also discovered, not surprisingly, that *homegrown* social marketing works better in some places than others. It works better when host organizations are closer to their audiences. It also takes a lot longer to organize and get under way programs run by professionals (three to four years, rather than six months to a year). I recall that during the third year into the PMI program a frustrated professional friend remarked, "Let me get this straight; you guys are in your third year and you have no materials produced yet, nothing

on the air, no campaign?" The answer then was a slightly embarrassed, "Yes, but the communities are moving at their own pace."

So, is homegrown social marketing a useful complement to highly professional social marketing programs? I would argue, yes, but I would put the emphasis on *complement*. PMI does not show that community-based social marketing can replace professionally organized and delivered programs. PMI took more time, but sites might have missed important opportunities without key input from professionals. For example, in Sacramento and Phoenix, sites moved beyond traditional demographic segmentation variables and addressed behavioral risk factors common to both gay and straight youth. In addition, sites needed frequent reminders that their programs needed to offer real benefits that teens cared about, not more dire warnings about disease and death. Why then, invest the added time?

For two reasons. First, there aren't enough professional social *marketers* to go around. And professional *advertisers* are no substitute. The recent proliferation of social marketing groups around the U.S. is suspiciously correlated with the recent availability of large sums of money for tobacco, drug prevention, and HIV programs across the country. Advertising agencies, certain that social marketing means audience-centered slogans are reprinting their promotional brochures to highlight their years of "social marketing" experience. Having worked with both advertising professionals and community folk, I find that members of a community understand marketing long before the advertisers are willing to give up their lifestyle sloganeering.

This is the second reason I believe homegrown social marketing has a place in our tool bag of tricks. I don't believe we can take the *social* out of social marketing and still be successful. I don't believe social marketing works as well when it is a cold, practiced profession of tactics and spin.

Here is where I differ from many of my professional colleagues. They have moved from soap powder to bras, from immunization to condoms and know that professional marketing strategy, tactics, and experience are key. They also know how tough it is to share a lifetime of experience with a nice group of community folk.

Believe me, I too left many meetings with community people pulling out the little hair I had left trying to get them to segment an audience or understand that anecdotes aren't as good as data. But community activists are close to their audiences. They understand some behaviors intuitively. They also know the language to use when talking with their folks. When confronting difficult problems such as AIDS, tobacco, and drug use, community folks, especially from the populations in question, have access and credibility. As outside professionals, social marketers may never gain that insight.

THE FUTURE: Indeed, PMI gave those of us at AED the courage to push the envelope a bit farther. We wanted to see what the target audience could do with little input and limited funds. While PMI's budget of $300,000 a year pales in comparison with the millions now being made available for anti-tobacco social marketing, still, for most programs around the country, that $300,000 a year far exceeds what they will have available. Can social marketing make a contribution where there is little money available?

EPA funded AED to conduct a small program called LET KIDS LEAD. AED took lessons learned from PMI, packaged them in a series of short articles and tools, and gave three U.S. cities $40,000 a year to develop a social marketing program to increase transportation choice in their communities. We wanted teens to develop programs for teens that reduced air pollution from cars and buses. The only rule: teens had to be in charge.

Because we had no big dollars for evaluation, I can't replicate the Sacramento data. In Boston, however, where teens ticketed city buses and got press coverage of the event, the city council made critical changes in the bus system to reduce pollution. In Tampa, teens decided on a citywide recruitment program of other teens, which included radio spots, billboards, events, and plenty of media coverage.

Last year we saw the results of combining professional social marketing, audience empowerment, and big bucks when the State of Florida announced the results of its TRUTH campaign—a 19 percent reduction in teen smoking among younger teens after only one year. Clearly, putting it together—money, experience, and audience power—is the goal. But is there something we can do when this convocation of celestial ingredients is unavailable?

I'm convinced that committed local organizations, particularly if they get angry at injustice, can use the tools of social marketing creatively, if not always as well as seasoned professionals, to move social change forward. PMI is encouraging to those of us who believe there is a role for communities in using social marketing effectively. The tools that are now available here and at the CDC do work to improve local programs of social change. They will never replace the role of seasoned professionals. Indeed, I believe PMI adds an urgency to the continuing need to develop more professionals and expand the in-service training of community leaders and yes, even advertising professionals, in the strategy and tactics of modern comprehensive social and commercial marketing. What we can do today, we should do today. What we can do tomorrow, we should invest in today.

Chapter 6

Branding and Brand Envy

BEST COPY AVAILABLE

CHAPTER 6

Worry your brand is not big enough? Wonder if people love your brand as much as they do your competitor's? Do you know if you have a brand? And if you do, where do you keep it?

I suspect you have all heard about *branding* by now. I haven't been to a conference in the last year where someone hasn't mentioned *branding*. This is quite a change from two years ago when no one I knew mentioned it. Why the change?

Well, who knows? Maybe it was Florida. Florida's high-profile campaign against youth tobacco use, launched in 1998, created a hip, young brand called "truth." A year later, the state witnessed significant drops in middle- and high-school smoking. The idea came from research findings that showed teens didn't think much of state-sponsored advertising. Yet, they really liked commercial brands—especially cigarette brands. The Florida team used that research creatively to create a *brand* that teens could believe in: "Truth. A generation united against tobacco." The imagery left government out of the picture. Truth stood for a bunch of cool kids willing to take on Big Tobacco; tobacco (the enemy) stood for the adults (such as ad agencies hired to pitch cigarettes) who wanted them to smoke. Indeed, in 22 focus groups conducted a year into the campaign, not a single kid associated "truth" with the Florida Department of Health.

Brand is about source credibility. It's about a consistent identity, the power of a great logo, the spokesperson a program or institution chooses, the public image. It is the messenger of the positioning strategy, the way a company differentiates itself from the competition. In David Carter's book entitled *Branding the Power of Market Identity*, he says that *branding is everything*.

Careful about fads. As soon as you hear that "X is everything," you know you're listening to hype about the latest fad. Branding isn't everything; neither is positioning, segmentation, guerrilla marketing, or the Web. They are all important,

but they're also fads when they become "everything." None of them is everything. So don't develop *brand envy* too quickly.

Branding, in fact, presents a big problem for government-sponsored programs and for public health specifically. After all, the reason Florida chose the brand *Truth* rather than *Health Department* was because *Health Department* carried no credibility with the audience. The program faced a dilemma. Do we help teens stop smoking, or do we promote our traditional government brand? Their decision was a courageous one. Political and public health leaders can invest too much concern in their traditional brand to the detriment of their public health objectives.

But, with declining support for public health, is the government just supposed to give its products away to invisible companies called *Truth*, or new labels like *Compassion*, *Fed Up*, or *Anger*? Better yet, are the NGOs that government programs support now to have all rights to branding with no participation by government? How will government ever develop credibility if it doesn't brand its programs to show the public that government can work successfully for them?

It is this type of question that makes fads, and particularly the fad of *branding*, dangerous. The answer is not to be found in the *branding* literature but rather in the *marketing* literature. First, we have to get the marketing objective straight. If you need to build brand strength, you may have to invest in efforts that don't immediately increase sales. But, if you want to build the health department brand, then don't expect significant decreases in teen smoking, teen pregnancy, or accident fatalities with the same strategy. You need a brand-building strategy. Don't just say, "Hey, I want to increase enrollment in CHIP; I'll bet I need to brand my product like Florida does."

Universal branding is not always good. Imagine that you've got some new science on the effectiveness of smoking interventions. You do not have the money to implement them all; you want other organizations to help implement them. OK, so you build a partnership. Do you brand the partnership or not? And what happens to your name—your brand—if you do? If the marketing objective is to get the new science implemented, then follow the lead of the market research. A universal brand, yours or the partnership's, may not be the best tactic. Similar messages coming from different sources (brands) may promote behavior change faster than a single universal brand. Don't let the fad of branding take you off strategy. Follow the marketing objective...follow the research...don't let tactics lead your program.

Actually, the national CHIP program, a federal initiative to increase enrollment of working families without health care into health care, is a national *brand* only within the beltway. Every state has branded its own program. CHIP becomes a way to talk about the national rollout of 50 different state programs. The only truly national feature from a consumer perspective is the 1-899 telephone number, which allows anyone anywhere to dial into the number and have his or her call automatically forwarded to their state hot line. Consumers believe they are dialing a national program, but their answers are coming from the only appropriate source—state agencies. The national number is convenient, but it allows mass production of promotional materials with a useful call to action, that is, call 1-899.

Don't throw away positive brand equity. Be careful about rebranding. Yes, you may find that your branding research indicates that you have some problems. But brand equity is terribly difficult to build and much easier to tear down. If you're in a nonprofit or a governmental agency and you are branded as *not real swift but honest*, ensure that your new branding builds on the

honest part. Few agencies engage in much market research on their brand equity. Too many still rely either on anecdotes or on calls to hot lines. These typically surface only the negatives. When they redesigned their brand, they trampled over the good parts of their equity without knowing it.

You have a brand whether you want one or not. Don't forget that you either have a brand, or you are invisible. You may not have a strategy to build the right brand, but your consumers will brand you all the same. Your brand is the image you leave in their mind:

X organization: *Slick*
High Tech
Caring
People people
Modern.

The process of strategic branding includes: (1) identifying you're perceived brand; (2) selecting those aspects of it that are useful to your marketing strategy; and (3) finding a way to promote the brand you want to be without losing that existing equity. As long as your consumers are going to brand you anyway, obvious advantages exist to understanding what they perceive and then to developing a deliberate branding strategy.

Don't forgot about marketing your brand internally. Most marketing functions are consumer oriented. Branding is too, but you have to remember that your brand is who your staff has to be. They have to project the image that you will be promoting. For nonprofits and governmental agencies, this is a big deal. This is all about mission. For governmental agencies with a wide range of technical functions separate units may feel they have special missions. Finding a brand to reflect all of those missions takes time and should be part of the strategic branding process.

It's almost the end. Brands are cool. Many social marketing folks are thinking more about brands today than they did last year. But don't let branding throw you off strategy. It is part of many pieces of a marketing strategy. Branding is really about your organization's name, its logo, symbol, colors, or design. But it communicates your positioning among competitors. It is important because it is you boiled down to a visual essence. Branding has at least two sides—an external sell and an internal sell to your staff. It presents a dilemma to social marketers, but what's new. It also presents enormous opportunities to better understand yourself and your offering and to communicate that persuasively to your staff as well as to your customer. A little brand envy is OK. A lot of brand pride is wonderful. Ask yourself, "What does our name, or logo, our slogan communicate about us? Should we have multibrands? Can we make our brand more powerful?"

Chapter 7

Social Marketing Lite: A Practical Future for a Big Idea

CHAPTER 7

Social marketing is no spring chicken. It has been around and around. A lot has been learned since those early days in the late 1950s. In Australia, Britain, Canada, and the United States it is being used to promote everything from public health to environmental causes. Internationally, social marketing has focused on fertility reduction through condom promotion, breastfeeding and maternal-child care, infant mortality, HIV/AIDS prevention, and environmental protection. Over the years, social marketing has bonded with behavior change, communication, and information programs. It has been adopted by amateurs, orphaned by misguided policy-makers, and maligned by community advocates who see it as "manipulative and banal." Through the years, however, it has grown, expanded, and matured.

The initial idea was that, "If we can *sell* soap, we can *sell* public health." Well, it didn't turn out to be that easy. Important tactical and ethical differences exist between social and commercial marketing. HIV/AIDS, for example, touches the most private and political part of our social life—sex. Selling safer sex has meant publicly talking about sex, destigmatizing sex between men, and forcing societies to come face-to-face with some of its deepest prejudices. All soap has to do is smell good, clean somewhat, be made widely available, and be properly priced.

Tactically, we have rarely had the access to resources that the private sector has had to market consumer products. Too often we've lack money for consumer research, for program development, and to ensure sufficient exposure of our programs to key audiences. Only rarely have we had the commitment of policy-makers to continue programs for more than two or three years. Imagine Coca-Cola executives saying that they were only going to do two or three years of marketing and then move on to something else. And, yes, we have often been asked to accomplish much more (e.g., increase immunization rates from 60% to 90% coverage) than our commercial

counterparts who are charged with increasing market share by 2 percent.

So, it has been difficult. But it has also been rewarding. To see mothers for the first time treat diarrhea effectively in the home; to watch as childhood immunization coverage rises in country after country; to note that today more and more teens are using condoms to protect themselves from HIV/AIDS; and to see the stabilization of fertility rates in some of the world's poorest countries is satisfying. Social marketing alone is hardly responsible for all of this change. But social marketing has played a unique and important role. After all of these years, what have we learned about effective social marketing?

Marketing is more comprehensive than communication. For commercial marketers, this is no great insight. But social marketing has labored for years under the misconception that marketing and advertising are basically the same thing. People turned toward social marketing to "raise awareness," "get their message out," and "improve their outreach program." Social marketing was wedded to messages, when in fact the real power of marketing lies in the design of social products and services that sell themselves. Marketing focusing on making social products and services fun and easy for people to do.

Expanding access to immunization was as important a marketing decision as using mass media to publicize it. When health professionals decide to advise 30 minutes of moderate exercise daily, instead of strenuous exercise three times a week, that is a marketing decision. When we raise the price of cigarettes to make it more difficult for teens to purchase them, that is a marketing decision. When we decide to make enrollment forms for health care insurance available at supermarkets, as well as health centers, that is a marketing decision. And when we decide to do outreach to gay bars to promote safer sex instead of using mass media, we are making marketing decisions. Marketing involves

what we promote, where we make it available, and yes, what we say about it.

Social marketing is culturally universal. We've also learned that social marketing is not an "American" thing. Africans, Asians, Australians, the British, Canadians, and Latin Americans make great social marketers. We don't need to worry about *American* imperialism and social marketing. There is something very human among all of our cultures that appeals to people who "want to do social change business." Social marketing appeals to an action-oriented segment of societies around the world. People who want a framework that is both professional and adaptable to local needs are attracted to social marketing.

Social marketing works for community-based programs.

As planners it was big change for us – going from asking ourselves "what do teens need," to asking them "what do they want?" (Peter Simpson, United Way, Sacramento, California)

Today's prevention programs are being asked to reach more people and show better results. Public awareness doesn't cut it anymore; today the focus is on **behavior**: *"How do we promote healthy behaviors?" "How do we help people give up unhealthy behaviors?"*

Working with dozens of community programs, AED has developed prevention marketing tools that do just that: Help planners apply social marketing and behavioral science principles to their own program decisions. Communities are learning how to put "behavior" at the center of their prevention strategy, how to identify targets of opportunity, how to assess which benefits and barriers to address, and which tactics will be most effective. AED is now offering a range of tools and services that include:

- Prevention marketing curriculum and training;

- Prevention marketing technical assistance and support; and
- Easy-to-use research, planning, and marketing tools for communities.

These tools have been forged through hands-on community use. Community coalitions helped us revise and simplify audience research, strategic planning, and marketing tools for their use. Since then, other agencies have contracted with AED to provide customized prevention marketing training or technical assistance programs to promote specific behaviors. AED has helped communities address issues ranging from STD prevention to air pollution; from physical activity to children's health insurance. AED provides consulting, training, technical assistance, curricula segments, and guides and other materials, all customized to support local planners in designing and implementing more effective programs.

At present, we are providing tools such as :

- Consulting and strategic planning in social marketing and behavior change;
- Training for communities (one- to three-day training designs);
- Curriculum modules (self-instructional modules); and
- Marketing, research, and planning guides.

Many of our tools are available in English and Spanish. We have staff experienced in working with Anglo, African-American, Hispanic, and Asian populations as well as with community groups, federal and state agencies, and foundations.

All of this experience demonstrates that communities can make social marketing work. You don't need to be a large federal agency or a national advocacy group. Big media isn't always necessary. The key is strategy, commitment, and a clear understanding of your audience and its needs.

Indeed, we might best summarize our experience with social marketing by saying that social marketing works best when it makes social programs FUN, EASY to do, and POPULAR with the people they are designed to serve.

Chapter 8

Application to AIDS Prevention

CHAPTER 8

Theory

Theory sounds like the most abstract and impractical source of prevention lessons. It also seems that everyone has his or her own theory—and it is all common sense anyway—so why bother? We can let the theorists argue about the specifics of whether A causes B or B causes A. From a practical point of view, theories tell us the things that affect people's decisions about behavior. And when you think about these factors, they often support what many of us have been using as we design interventions. Theory does not tell us what works, but it does give us critical clues as to why a particular intervention might be successful.

Several good reviews have emerged of theory useful to HIV/AIDS prevention, for example, Laura Leviton's chapter on Preventing AIDS. *The Design of Effective Programs* (Valdiserri 1989) presents an excellent early review that encouraged HIV/AIDS program planners to look at important concepts emerging from theories. In 1993, the National Commission on AIDS identified eight major determinants emerging from three major theories: Theory of Reasoned Action, Social Cognitive Theory, and the Health Belief Model (See Behavioral Science Theory, Appendix A).

These theories, along with a growing number of models that combine various theories (e.g., AIDS Risk Reduction Model and Stages of Change Model) provide a solid basis for believing that interventions such as risk communications, intensive counseling, peer outreach, repeated media messages, self-efficacy, skills training, role modeling, influencing social norms and focusing on consequences - positive and negative - that matter to different populations do make good sense.

The words we used on this poster (FUN, EASY, and POPULAR), for example, are derived from solid behavioral theory.

FUN is shorthand for a complex set of ideas around "perceived consequences" emerging out of the Theory of Reasoned Action that says that

people do things they think (perceive) will benefit them by providing good things or avoiding bad things. Different people define benefits in different ways. Not everyone has FUN in the same way, but everyone does like to have FUN. Any chance we have for making interventions more FUN (i.e.,valuable, liked, desired, perceived to be good) the better chance of success we have. We should ask ourselves in assigning priority to interventions if a particular category of interventions has any chance of delivering benefits... "positive consequences"... (FUN) that their target audience "perceives" to be valuable.

EASY is shorthand for several concepts, including the concept of "self-efficacy" that says people will tend to do something when they feel confident in their ability to succeed—when they feel they can perform that behavior without failing or embarrassing themselves under a range of circumstances. In assigning priority to interventions, we ought to look for interventions that make new behaviors as EASY as possible. We should make it EASY for people to succeed by making things simple, more accessible and, if possible, cheaper. People need to have the skills, but they also need to perceive they have the skills. We should build skills through training or skill modeling to ensure that people learn how to

negotiate safer sex, use a condom, or avoid alcohol and other drugs before sex.

POPULAR is a third theoretical idea that impressed us. POPULAR is our shorthand for "social norms"—what other people want us to do. A solid theoretical basis exists in social norm theory for believing that this makes sense. Social norms suggest that we are influenced by what we think people who matter to us want us to do: a peer, a friend, a sexual partner, a family member, or someone else whom we admire, such as a celebrity. By assigning priority to interventions, we can look for opportunities to determine who matters most to high-risk populations and get them involved in influencing social norms around a safer, less-risky behavior.

Theory is helpful because it gives us targets of opportunity and intermediate measures of progress. If we can't yet figure out how to measure absolute program impact, we may be able to measure whether a program is changing one of the theoretical constructs such as self-efficacy, social norms, or perceived consequences. "When we don't have data, our next best hope is theory." Dr. David Holtgrave

Intervention Studies

Experimentation to evaluate effectiveness has been the backbone of our knowledge about HIV/AIDS prevention. Experiments produce hard data on effectiveness that everyone can review, criticize, accept, and eventually learn from. Gathering hard data, quantitative data, under controlled experimental conditions is invaluable; it is also expensive and time-consuming to collect. The CDC, NIH, many universities, and communities around the world have been furiously involved in organizing studies to evaluate various forms of prevention interventions. The process is complex, slow, and frustrating for people on the front lines of prevention, but it is critical to our success against HIV/AIDS.

The CDC produced an Overview of HIV/AIDS Prevention Interventions that included a Taxonomy of HIV/AIDS Interventions for community planning groups to help organize thinking about their effectiveness. The CDC has also provided a companion to this taxonomy called Intervention Studies to help interpret and summarize some of the major findings. Some of these studies are not so new, but some of us still don't seem to be paying any attention. Repeating important studies is, therefore, worth the effort.

Sometimes it seems that all we learn from the data is the obvious...or what not to do. But important lessons are emerging, and we are grateful to centers such as Center for AIDS Prevention Studies (CAPS) and Center for AIDS Prevention Research (CAIR) that are translating their scientific data into practical lessons that all of us in community planning can use. Following is a sample of the type of programs that are being tested through experiment:

Study on Risk Reduction in Sexual Behavior: A Condom Giveaway Program in a Drug Abuse Treatment Clinic

Just before and four months after initiation of a condom giveaway program in Seattle, Washington, a questionnaire regarding sexual behavior and condom acquisition was administered to 103 men attending an outpatient drug abuse treatment clinic. Jars filled with a variety of condoms were placed in every clinic room and clients participated in HIV educational sessions and condom demonstrations. More than half of the men took condoms during the program. At the four month follow-up, the men reported increases in condom use. The findings suggest that while condoms are available in stores and pharmacies, free offerings of a variety of styles may eliminate barriers to purchase and increase the likelihood that individuals will be carrying condoms at times when they may engage in sexual activity.

Evaluation of an AIDS Risk Education and Skills Training (ARREST) Program

The ARREST program is designed for adolescents aged 12 to 16 and consists of three group educational session to provide youth with information about HIV/AIDS, problem-solving, assertiveness, and communication skills. In New York City, 87 inner-city African-American and Latino adolescents were recruited from community- based, after-school programs and randomly assigned to either the ARREST intervention or a wait-list control group. Baseline measures consisted of a questionnaire to assess knowledge, attitudes, self-efficacy and perception of risk. A role-play was videotaped and coded to assess skill level. All measures were repeated following the intervention. Findings indicated significant increases in knowledge, heightened perception of risk, decrease in negative attitudes about AIDS, and stronger refusal skills. Researchers concluded that ARREST was effective in eliciting changes in knowledge and behavioral skills in the short term.

Community-level Interventions in Inner-City Housing Developments

The purpose of this research is to evaluate a community-level HIV prevention program for communities of inner-city women. The study is a community-level and multisite trial that will test the effects of the intervention in 18 housing developments in five U.S. cities. The intervention incorporates peer influence norm changes, skills training, and other community mobilization elements. Preliminary data analyses indicate that women in the intervention developments demonstrate significant increases in condom use, HIV risk behavior knowledge, conversations about HIV/AIDS, number of condoms requested through a condom redemption offer, and significant reductions in condom barrier beliefs.

This research was conducted at the Center for AIDS Intervention Research (CAIR), Medical

College of Wisconsin, and was supported by National Institute of Mental Health (NIMH) Center Grant No. P30-MH52776 and Grant No. RO1-42908 from the NIMH.

In Pharmacies and On the Streets of Connecticut

In 1990, New Haven, Connecticut, implemented a needle-exchange program that included a syringe tracking and testing system designed to monitor the extent of syringes exchanged and presence of HIV in used needles. This system generated data from which an estimate of HIV transmission could be determined. These findings suggested that the needle exchange had reduced the HIV infection rate among injecting drug users in the community by 33 percent. In response, the Connecticut legislature continued funding the New Haven program, expanding service to two other cities and legalized over-the-counter pharmacy sales and possession of syringes. It also led to educational programs for pharmacists and changes in prescription and paraphernalia laws that restrict the purchase and possession of injection equipment.

Science

Science gives us three ways to learn about prevention. Experimentation tells us whether prevention programs work under specific conditions. Theory gives us a basis for explaining why a prevention program might be working.

Implementation Surveillance helps us understand how prevention programs adapt to conditions in the real world. To set prevention priorities, we need to know:

- What has proven successful or promising already? (Experimentation helps).
- What else makes sense to try? (Theory helps.)
- What resources (e.g., talent, money, and time) do we need to implement interventions and make the work in the real world? (Implementation surveillance helps.)

We don't want to pick interventions that have been unsuccessful, that have no real basis in theory, or that, even if they were successful elsewhere may not be workable in our communities.

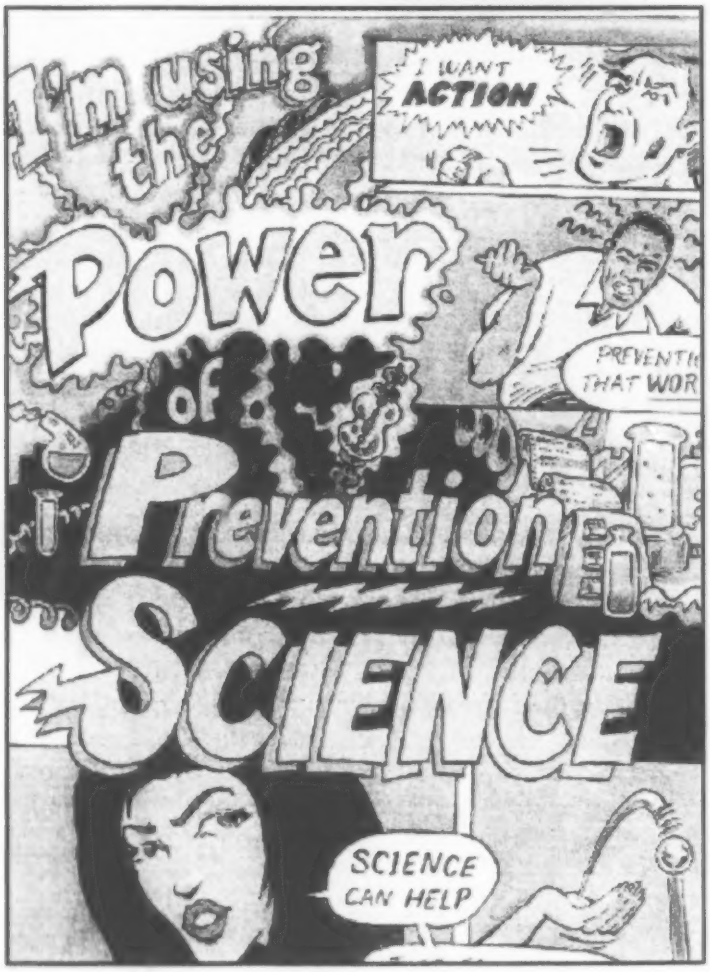
Much has been accomplished. Our knowledge is growing, and science is helping. Here are a few resources and ideas to encourage you to use science as you assign priority and plan prevention programs.

Implementation Surveillance

Most of what we know about "the birds and the bees" we learned from watching animal behavior. We have also learned a lot about sexual transmission, high-risk behavior, and prevention from watching human behavior and asking questions through surveys, interviews, and other surveillance methods, including directly observing people's behavior. Now it is time to learn about full-scale interventions by surveying, interviewing, and watching implementation behavior.

There is much to learn from implementation surveillance—or what is often called process evaluation of programs—in America today. The programs highlighted by our comic book characters on the front of this poster, for example, are just a small fraction of the programs being implemented throughout the country.

CHAPTER 8



Fun, Easy, and Popular Across the USA

In the neighborhoods of San Francisco
The **STOP AIDS** Project in San Francisco engages five neighborhoods in promoting safe sex among gay and bisexual men. Project volunteers invite and train bartenders, bookstore clerks, bank tellers, and waiters to distribute materials and condoms and orally encourage their clients and neighbors to stay safe. In addition, the project sponsors a safe- sex window display contest during which businesses use their storefronts to promote risk reduction.

Citywide, community mobilizing aimed at encouraging neighborhoods to promote HIV

BEST COPY AVAILABLE

prevention among gay and bisexual men on a continuing basis includes 1,200 outreach contacts, training and recruitment of 240 community leaders, distribution of 60,000 condoms, five safe-sex window display contests, and media (in collaboration with San Francisco AIDS foundations).

Process evaluation includes tracking the number of opinion leaders contacted, those who participate in HIV prevention activities, the number of outreach contacts, and those who attend STOP AIDS meetings. In addition, the program is seeking funding to evaluate the progression from noinvolvement to involvement in primary prevention by different opinion leaders. The program will also be correlating participation and exposure to these activities among a pre-existing cohort of young gay and bisexual men in San Francisco.

On the Streets of Philadelphia, Pennsylvania

In two economically distressed West Philadelphia neighborhoods, the Women's Health Improvement Project distributes "role model" stories on the streets, at train stops, and in beauty parlors. These one-page, soap opera-style vignettes portray realistic urban male and female characters describing their regret over the results of unsafe sexual practices and include instructions on condom use and other risk-reduction strategies. The engaging stories reflect the similarities and difference among the African-American women living in the intervention community. In addition to the stories, volunteer community outreach workers distribute newsletters, condoms, and other materials developed specifically for the intervention community. The intervention design began in 1993 with extensive surveys and formative research and today entails street outreach, development, and distribution of small media and mobilization of community volunteers, role models, peers, and the broader community. More than 100 businesses and community

institutions have become involved in distributing project materials, and several have sponsored special programs and presentations. The intervention was developed and supported by the CDC.

In Homes and at Rest Stops in Medford, Oregon

In Jackson Country, Oregon, the HIV Prevention Community Planning group supported outreach activities for nongay identified Men Who Have Sex With Men (MSMs) in public sex environments.

Recognizing that there were few social supports for gay men who reveal their sexual orientation and no bars or other places where gay men could gather socially, On Track Health Service developed an active schedule of monthly social activities that provide alternatives to situations leading to unsafe sexual practices. These range from card parties to quality bees and always include information on risk-reduction activities. Volunteer outreach workers also regularly distribute literature and condoms at rest stops and other public sex areas.

On Native American Tribal Lands in Wyoming

In Wyoming, the **"Mothers, Sisters, and Grandmothers"** program presents a realistic and innovative approach to breaking through obstacles to HIV prevention by involving several different generations of women who have been affected by AIDS. They support one another as caregivers and speak to small groups about prevention. The health department has also work with the Arapaho Nation to integrate HIV prevention messages into traditional Native American storytelling pow-wows, school activities, and other social gatherings. One of the state's more

controversial, but popular and attention-grabbing, activities was the use of a "Condom Cowboy" logo to advertise the state AIDS hot line. The caricature featured on the state license plates a smiling condom-wrapped penis riding the symbolic bucking horse.

In the African-American Gay Community in San Francisco, California

Since 1992, **the Brothers Network** has provided health outreach, risk reduction, esteem-building programs to African-American gay, bisexual, and transgendered populations in San Francisco. One of its most engaging and innovative activities is the use of interactive multimedia kiosks as an outreach and educational tool. These kiosks, which look like bank ATMs or information booths used in museums or hospitals, are placed in black gay bars where they can be played like a video game. Speaking the language and incorporating the sociocultural norms of African-descendant gay and bisexual men, it uses a creative combination of original rap music, dramatic monologues, "show-n-tell" information about safer sex, resource directories, and the humor that is part of the black, gay experience. This program has proven to be a great modality for learning new skills and information. The interactive educational methodology allows it to be used as a complete and entertaining prevention intervention.

Youth Involvement in Nashville, Tennessee

A pilot program was initiated with support from the Centers for Disease Control and Prevention (CDC) to enable five U.S. communities to apply a research-based prevention marketing process to design and

implement HIV prevention programs for youth.

The Nashville Prevention Marketing Initiative successfully involved youth aged 14 to 20 in the planning program in their community. Young people participate as full committee members in meetings, work groups, and project-related tasks. They review audience research findings and offer insights and input into the selection of target audiences, behaviors, and prevention marketing activities appropriate to their community and appealing to their peers. In addition to adding a youth perspective, youth participants presented subcommittee reports during meetings, participated in working sessions, served as project documents.

Natural observation doesn't mean simply looking at what others are doing or contacting them by phone. It means knowing what to look for; it requires making meaningful contact. It means having a systematic method, a checklist, an interview guide, maybe even an observation guide, to help understand other programs, collect standard information about them, and ensure that we are looking for the most important things.

At AED, we think that natural observation is a promising new tool in helping community planning groups learn from each other in a structured, systematic way. It is also important in deciding not only whether Intervention X works but also whether it will work in my community. There is much to be learned before natural observation can become a reliable tool. We want to contribute to the process of learning by offering a few simple categories you might

think about when observing and discussing other HIV/AIDS interventions.

Implementation surveillance is the collection of specific comparative information about intervention programs to determine why those programs might be working and how they must be implemented in order to constitute a genuine replication of that intervention. It includes direct observation, where possible, but also relies on interviews and self-reported observations of implementers. It tries to avoid opportunistic evaluation of factors in favor of more systematic process that other evaluators can follow. Implementation surveillance does not replace either experimentation or theory as a basis for selecting interventions; indeed, it is driven by lessons emerging from both. It complements what we know about real-life applications of interventions and focuses on issues that influence the replicability and sustainability of interventions in other communities.

The Checklist is a preliminary compilation of categories that may be used by practitioners to examine critical features of existing interventions. Consistent collection of this type of implementation information across multiple, real-life interventions can yield a body of scientific data that can accelerate the dissemination of effective new efforts. The form of measurement itself will be critical if the information is to be as objectively verifiable as possible. But we share this now as a way to jump-start the process of intervention observation as one additional means to set intervention priorities. Ten broad categories have been identified below.

A Checklist for Examining HIV/AIDS Prevention Program Implementation

- ***Competence of the providers.*** Who delivered the intervention, and how experienced were they?
- ***Type of resources needed.*** What did the intervention require in terms of staff training, media, print materials, facilities, and incentives?
- ***Extent of intervention resources.*** How much of each resource was used? Is there any evidence that more was provided than needed or that economies of scale would be possible in a replication?
- ***Management—locus of control.*** Who controlled the decision-making? What type of experience and skill did the managers have? How were decisions made? Was the model implemented rigidly or adapted to changing conditions as they were encountered? If an adaptable approach was taken, what parts of the intervention cannot be changed without losing its essential character?
- ***Financing.*** Was the effort financed from the outset or incrementally over time? Was financing assured over the course of the intervention, or was constant fund-raising an influence on the program pace, single-mindedness, and intensity?
- ***Intensity and Exposure.*** How often was the intervention delivered and for how long? How visible was the intervention to the target population, and how did the level of visibility change over time?
- ***Staging.*** Were there stages in program development and delivery? How long did various stages take, and what influenced their duration?
- ***Scale and Significance.*** Was the size of the population reached by the

intervention sufficient to make a measurable contribution to influencing the epidemic? If not, what changes would have to be made reach a level of significance that justified the cost?

- ***Context.*** Were there other synergistic interventions occurring at the same time that might affect implementation and use? Unexpected outside events—news events, for example—that affected delivery of the intervention?
- ***Competition.*** Was there competition (overt opposition to the intervention) active during any periods of time?
- ***Novelty.*** Was the approach totally new to the community or one that was familiar to both implementers and audience?
- ***Complexity.*** Was the intervention multi-faceted, thereby requiring extensive logistical coordination? Was the intervention addressing a complex behavior shown previously to be difficult to change or one where change was more likely than not?

Chapter 9

Application to Education Reform

CHAPTER 9

Behavior change is an emerging discipline referred to as social marketing. The education sector lags behind other social sectors that have formalized the social marketing process as an element of institutional reform. This chapter looks at elevating the importance of formalized behavior change framework and methodology so that future plans for educational reform in Indonesia include social marketing as a planned subcomponent.

Social marketing draws from several disciplines that are merged with education. These disciplines include commercial marketing, behavioral science research, and strategic planning. No one person can be an expert in all aspects of social marketing; therefore, the author has had to rely on others for key information.

This chapter is intended for those involved in all levels of educational planning in developing countries. It uses Indonesia as a example to illustrate how social marketing application to the education sector differs from health and the environment.

CHAPTER 9

Education in Indonesia: Defining the Problem

There have been momentous events in the history of education in Indonesia. The Basic Law of 1945 marked the period of independence and the new governmental structure under which all future laws were to conform. The Education Law No.2 of 1989 sets into motion the current structure of education in Indonesia. And in 1999, Law No. 22 and Law No. 25 redefined autonomous governing regions at the provincial and district levels as well as defined revenue sharing within these structures. As a result, education is greatly affected by decentralization, changing the roles and responsibilities for all stakeholders, including community, parents, educators, and levels of government. At this writing, regulations and decrees are reshaping the policies and procedures related to all levels of education. Although some individuals are able to articulate what these changes are, there is little understanding of how stakeholders are to change their behaviors in line with current education reform efforts in which education is and will be conducted.

Changes in Indonesian law, regulations, policies, and procedures will continue to address five key areas of basic education:

Access: The aim is to increase junior secondary education enrollment to 100 percent while maintaining 100 percent enrollment at primary education. By 2008, universal basic education (years 1 through 9) is to become a reality. As junior secondary education graduates seek places at senior secondary education institutions, more facilities will be built to accommodate increased enrollment rates at the senior secondary level.

Equity: This is to be achieved by providing alternative educational delivery systems for sparsely populated areas through *sekolah kecil* and other nonformal educational delivery. Also, scholarship programs are to be maintained to

provide educational opportunities for urban and rural poor.

Quality: Through decentralization and by investing more in teacher training, textbooks, and other targeted interventions, the quality of education is to be improved so that students are better prepared for higher levels of education and the world of work.

Efficiency: Efforts to increase internal efficiency (lower unit costs) and external efficiency (relevancy) include reducing dropout and repetition rates, aligning curriculum to societal needs, and appropriate staff deployment.

Institutional Strengthening: With decentralization a reality, targeted groups of educators, civil servants and other stakeholders are to be trained in new methods of planning, program development, and program implementation.

There is a sixth element that is missing and is especially important when sweeping national change, such as educational decentralization, requires major shifts in how stakeholders are to behave. This element is referred to as **Social Marketing**. The purpose of social marketing is to plan and implement programs designed to bring about social change using concepts from commercial marketing. As applied to the Indonesian educational system, this would mean planning and implementing programs that change how stakeholders behave in relation to planning, implementing, and evaluating education at the school, subdistrict, district, provincial and national levels. The purpose of such educational change is to improve the national education system.

An examination of World Bank appraisal reports covering the last six junior secondary (1996a, 1996b, 1996c) and basic education projects (1998, 1999a, 1999b) suggests that behavior change is interpreted to mean institutional strengthening through training rather than

through establishment of a formal system to institute behavior change among all interested audiences.

For example, the Sumatera Basic Education Project Appraisal Report (1999b) has two goals—to ameliorate the impact of the economic crisis on education and to improve the quality of education. Set in the climate of decentralization, the project is to improve quality through community support activities; teacher training; primary school rehabilitation; and programs to improve the distribution of education. The institutional reform component of the project states that districts, subdistricts, and schools should be able to manage their responsibilities for the delivery of basic education more skillfully. One activity related to institutional reform is to... "carry out targeted activities, involving communities, to make them more aware and participating in school affairs." Training is to be provided at the district level to meet project objectives, including generating community participation through workshops and awareness raising meetings, and seed support to start new initiatives that bring schools and communities closer together.

To the extent that community participation is an important aspect of decentralization, each new externally funded projects provides for community involvement. To achieve this, district, subdistrict and school-level personnel, and government officials are to be trained in the knowledge and skills of community engagement. Thus, behavior change targeted at these audiences is achieved by providing training through project funding. In turn, community behavior change is to be achieved through activities planned by government and educational personnel so that parents and other interested parties become involved in aspects of planning, program implementation, and evaluation. Although well intentioned, such efforts do not achieve the greater aims of social marketing which takes a much more comprehensive view of

behavior change, a view that is necessary in the climate of Indonesia's major effort to improve national education through decentralization.

It is the purpose of this document to demonstrate the importance of social marketing as a cornerstone for achieving educational reform in Indonesia. Other project or program aims involve changing the legal structure, training people at specific implementing agencies, or providing other resources such as funding. Social marketing provides the necessary behavior-change mechanism to ensure that stakeholders are aware of why the changes are being made, why it is in the stakeholders' best interest to embrace these changes, and what stakeholder behaviors are to practiced and sustained to ensure that changes are implemented successfully. This is exemplified in the following discussion.

Institutional capacity-building is designed to answer the following question: *What is the gap between the current capacity of each organization and the capacity required to implement project goals?* If the four goals of a project include equity, access, efficiency and quality, organizations such as schools; various ministry offices at the national, regional, district, and local levels; intermediary institutions, such as teacher training colleges; textbook publishers; a national testing center; and many others need to be assessed to determine the gap between current and future capacity needs. Then, an institutional capacity-building plan can be designed to eliminate the gap. Although this approach provides skills, knowledge, tools and techniques to specific targeted audiences, it ignores two other vital requirements to ensure that organizations sustain their activities once a project is completed. Thus, institutional capacity-building is only one domain that is essential in successful project implementation and sustainability.

The second domain involves the legal structure. It is necessary to answer a second question to determine whether the project environment can

meet with success: *Do laws, regulations, policies, and procedures exist that support the project goals, or are changes necessary to promote their implementation and sustainability once the project is completed?* Implementing organizations are unlikely to sustain project efforts if the legal structure does not support project activities. For example, if communities are encouraged to raise funds locally but government regulations require that money be submitted to a local government finance agency for redistribution, it is unlikely that community organizations will engage in fund raising activities. The legal structure needs to be reviewed and brought into line with program or project goals to increase the likelihood that project activities will be sustained.

The third domain involves social marketing. A social marketing effort answers the following questions: *Is each stakeholder aware of the reform effort as defined by the project? Is the stakeholder aware of the personal benefit of project activities?* The audience of stakeholders is larger than that addressed by institutional capacity-building. The capacity-building effort must be targeted to those actually participating in key aspects of the projects. For them to do their jobs effectively and for the processes of reform to be sustained, the larger audience must receive continuous and multiple types of messages in order to make them aware, inform them of benefits they will receive, and teach new behaviors. Without this component, project outcomes are less likely to be sustained. This process of social marketing is commonly referred to as IEC or **I**nformation-**E**ducation-**C**ommunication.

Figure 1 shows the relationship of these three domains—legal reform, institutional capacity-building and social marketing—to the four major categories of educational change—equity, access, efficiency, and quality. The four categories represent the mix of change requirements for the Indonesian national education system to be improved. To sustain improvement or reform, the three domains need to be structured so they

promote rather than impede change. Each domain is required in order to achieve the balance necessary to create an enabling environment, thereby facilitating sustainability. REDIP Working Paper Six (Cohen 1999) and Working Paper Eight (Cohen 2000) discuss capacity-building through training in Indonesia and the legal structure of education in Indonesia. This paper focuses on the third domain, social marketing.

Model for Sustaining Project/Program Effectiveness

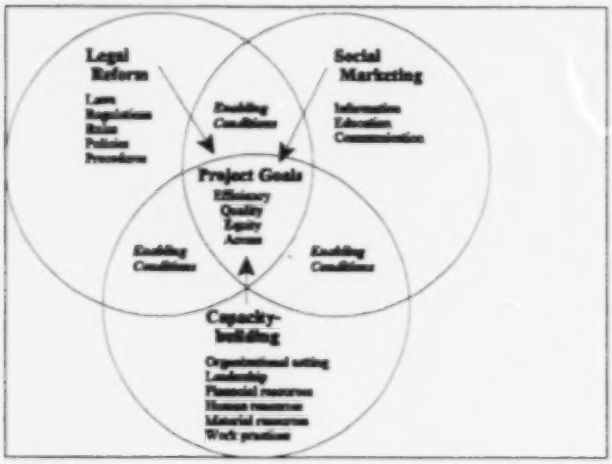


Figure 1

Three laws have set the tone for education in Indonesia today—Law No. 2 of 1989, Law No. 22 of 1999 and Law No. 25 of 1999. Whereas Law No. 2 of 1989 sets into place the modern system for education in Indonesia, the latter two laws define a major shift of education, and all other ministerial level functions, to provincial and district organizations. This now requires reshaping a number of regulations, policies, and procedures, many of which will emanate not only from the ministry but also from newly empowered educational offices at the provincial and district levels. Thus, a major shift is now under way in the legal structure of education and it is too early to determine whether appropriate changes will be

BEST COPY AVAILABLE

put into place that not only enable governments to achieve educational reform but also do not conflict with Law No. 2 of 1989. It is possible that a conflict may result between the current goals of education as specified in Repelita VII and current and new regulations, policies, and procedures that are and will be established. Such a conflict may result in retarding educational reform.

In terms of capacity, it is anticipated that many institutions and organizations will be ill prepared to assume new functions, roles, and responsibilities as defined by the changing legal structure. A capacity analysis, similar to that designed by E. Orbach (2000) at the World Bank, should be conducted to determine gaps between what organizations are able to do and what they will be required to do as the educational structure changes. It is anticipated that many district, subdistrict, and school-level stakeholders are unprepared to assume such responsibilities. Orbach defines six areas that need to be analyzed to determine organizational capacity, as shown in Figure 1.

Social marketing serves to link the legal and capacity issues with project goals so as to create the proper behavioral environment to make the necessary changes. It is the social marketing domain that energizes the human resources within and outside the educational system, to practice the specific behaviors necessary to effect reform.

CHAPTER 9

A Model for Behavior Change in Education

Defining Social Marketing

If social marketing is so important to the reform process, what is it? As defined by Andreason (1995a):

> *Social marketing is the adaptation of commercial marketing technologies to programs designed to influence the voluntary behavior of target audiences to improve their personal welfare and that of the society of which they are part. It does so by focusing on the marketplace and thus determines the best way to design programs, target efforts and deploy resources to gain acceptability for a wide range of social ideas. The elicited behavior change is always voluntary, never coerced and financial profit for personal gain is never the (ultimate) motivation for the social marketing effort.*

Prior to 1969, marketing was viewed as a set of activities that managers in for-profit organizations used to achieve their goals. Kotler and Levy (1969) observed that an increasing amount of society's work was being done by non-profit organizations and that these organizations were employing similar marketing techniques for social gain as were for-profit organizations for economic gain. It was Kotler who applied the term social marketing in 1971 as a technology used by any organization to further its goals.

Andreasen (1995b) sees three contributions that commercial organizations have made to social marketing:

- **The customer mind set:** In the past, social organizations thought that to change behavior it was simply a matter of announcing the need or requirement to the targeted audience. In most cases, this approach led to failure or unsustained response. In the commercial sector, organizations conduct market research in three stages. The stages are formative research to guide plans and tactics,

pretesting approaches to determine effectiveness of plans, and continuance of customer research to track performance and adjust strategies. By adapting these three stages, social organizations find that they can target plans to the mind set of different audiences rather than treating all audiences as the same.

- **The marketing planning process:** The term itself has had a negative connotation in the nonprofit sector. Social organizations, however, are learning to use a two-step planning process similar to that used by commercial organizations, the purpose being to improve success in reaching organizational goals. The process involves organization-level planning to plot a course of action over an extended period of time. Second, the process involves a way of thinking that embodies a marketing mix (i.e., place, price, product, and promotion), assessment process to measure success, and brand management.

- **Marketing concepts and tools:** Social organizations have seen the importance of applying tools such as market segmentation, branding, and alliance-building to better target services to specific audiences, developing a specific and identifiable product or service, and to form partnerships with commercial organizations to add complementary capabilities, such as product distribution or funding in meeting an organization's mission.

Today, social marketing is applied to numerous situations addressing the issues of traffic safety, maternal and child health, environmental protection, drug abuse prevention, civil society reform, zero population growth, nutrition, and education. Programs designed to change behavior in these contexts are based on theories and models emerging from research. Such theories as the theory of reasoned action and social learning theory as well as models including

the health belief model, communications/persuasion model, transtheoretical model, precede/proceed model and diffusion of innovations model have emerged from the psychological, communications and other behavioral sciences disciplines (Graeff, Elder, Booth 1993). What is important about these theories and models is that they focus on behavior as the starting point in determining how project elements can be put into place to resolve specific educational problems or, on a much larger scale, to reform a national educational system.

A Practical Framework for Education

One practical framework used in social marketing was developed by the Academy for Educational Development in the mid 1980s and has evolved over time by field-testing and use across many sectors. The **Applied Behavior Change Framework** (ABC Framework) has direct applicability to education as it does to other social sectors. It uses a participatory approach that starts with behavior and defines exactly what people need to do to resolve a problem or reform a system. Participation is key to the success of the ABC Framework. The Framework involves a standardized process that promotes the participation of stakeholders affected by educational reform as well as those who are to implement the reform. Actively involving stakeholders from various organizational levels, sectors, and disciplines encourages consensus among the diverse group of individuals needed to introduce, support, perform, and maintain target behaviors. As described by Booth (1996), participation creates a new type of partnership that is necessary for programs to succeed. The participatory process:

- Empowers people to take action.
- Builds on what people are already doing correctly.
- Develops practical methods to ensure behavior change.

- Identifies intermediate indicators of a program or project's impact.
- Develops more effective education, communication, and promotional strategies.
- Ensures that equity issues are addressed.

Such an approach is inherent in decentralization as described in various Indonesian legal documents. The ABC Framework has a four-step process (Graeff, Elder, and Booth 1993). The first step requires defining the ideal behavior(s). The educational system is a complex social system and actions need to be thoroughly understood in their cultural context in order to develop effective behavior change strategies. **A behavior** is a single action that a person takes under specific circumstances.

An **ideal behavior** is one in which a person needs to perform to resolve a specific educational problem. An **educational practice** is a series of several related behaviors which, taken together, have an impact of reforming education. Defining the ideal behaviors is accomplished by the work of a multidisciplinary, multilevel and multisectoral team representing stakeholders in the educational system. This team (referred to here as the multipart team) reaches consensus on ideal behaviors through a series of meetings or workshops. A social marketing facilitator trained in the process leads the meetings. In the context of Indonesia, one ideal behavior might involve classroom teachers preparing no-cost instructional materials for use in active learning settings. A second ideal behavior might involve community members volunteering their time in schools.

The second step involves conducting research with doers and nondoers. "Doers" are men and women who regularly perform the ideal behavior while "nondoers" do not. It is necessary to study these two groups, approximately 15 individuals within each group, and use a variety of research techniques. The following techniques are used in conducting behavior research of this nature:

- **Structured observation**. Using a pre-determined checklist, researchers observe and record behaviors according to the checklist criteria.
- **Interview techniques**. Focus groups and individual in-depth interviews are used to gather information from target audiences through discussion, probing, and open-ended questioning.
- **Surveys**. Individuals complete self-report surveys or questionnaires that are generally close-ended and quantifiable so as to measure a set of constructs that describe a certain type or class of indicator.

Audience research can determine specific factors that influence behavior. This type of research helps the team to determine what is being done currently in relation to the specified behavior; what are the actual behaviors; why people do what they do; why doers and nondoers are different; and, what factors have most influenced each group's behavior. Various factors influence behavior, the most common being:

- Availability of appropriate technologies
- Policies and laws
- Antecedent events that trigger behavior
- Consequences that cause people to continue (positive) or extinguish (negative) behavior
- Perceived consequences or those that don't exist but are believed to exist by those performing the behaviors
- Perceived social norms
- Perceived skills, how the individual feels he can manage the behavior or commonly referred to as self-efficacy.

In the case of the two examples of ideal behaviors for Indonesia, teachers may not construct low-cost instructional materials because of antecedent events, perceived skills, and perceived social norms. In the case of community volunteers, perceived consequences, actual consequences, and self-efficacy may cause or inhibit ideal behavior. It is likely that for each

ideal behavior, a complicated mix of factors impedes ideal behaviors and social research identifies this mix regarding to each target audience studied.

The third step in the ABC process is to select and negotiate target behaviors. Since the educational system is a multitiered and multilevel social system, it would be impossible to research all behaviors and then develop a plan to change them. Instead, the multipart team needs to eliminate the majority of ideal behaviors and select a core of feasible target behaviors as the focus of the educational behavior-change program. This is achieved through a process of elimination. The team eliminates those that have no demonstrated impact on the specific educational problem or that are infeasible for the target audience to adopt. The final list of target behaviors of a particular social marketing program will be a highly selective subset of the ideal behaviors. The ABC Framework uses a **Behavior Analysis Scale**, shown later, as a tool to select and assign priority to target behaviors. Each behavior is rated along a six-point scale using the following constructs:

- Potential for impact on the educational system
- Existence of approximations to the ideal behavior
- Positive consequences
- Compatibility with cultural practices
- Cost
- Complexity.

The resulting score helps the multipart team to understand which behaviors have the most potential for impact and that are feasible.

The fourth step involves developing strategies that address and build on the specific factors affecting the adoption of target behaviors. The research from the previous section helps the multipart team identify factors, which influence doers and nondoers as well as design education

and communication strategies that are more effective because they address those factors. "Education" in this context means public awareness in the sense that target audiences need to be educated concerning the ideal behaviors. The team identifies what factors most strongly influence doers to perform ideal behaviors as well as those that influence nondoers. Conceptually, the multipart team builds or strengthens those factors that have the most influence on doers while reducing or weakening those factors, which have created barriers for nondoers.

The multipart team must determine whether incorrect performance of the target behavior is due to a skills deficit or a performance deficit. If there is a skills deficit, the target audience lacks specific information, skills or reminders (antecedents) that are needed to perform the target behaviors. The education and communication strategy would, therefore, focus on providing information, creating a demand for products and services, and teaching people the skills they need to carry out the behaviors correctly. If there is a performance deficit, the target audience has the necessary knowledge and skills, but it is not performing the behavior correctly or at all. In this case, the education and communication strategy would focus on developing an environment of support for continued performance of the target behavior.

The description of the ABC Framework is rather brief in providing a complete understanding of its use. It serves the purpose of enlightening the reader as to how one conceptualizes the process of changing behavior of targeted audiences so as to sustain educational reform. Once the ABC Framework, or any other social marketing approach for that matter, is established, it becomes a continuing process that needs to be monitored and evaluated. As education reform is not static, neither is the need to change behaviors of stakeholders. In the next section, two specific examples are provided to demonstrate how

national systems have applied the process to educational reform.

Case Studies of Social Marketing Programs in Education

The following two education case studies are included to provide practical examples of how two national educational systems applied the social marketing concept to change behaviors of targeted audiences:

BANGLADESH

The first case study involves the need to promote secondary education for women in Bangladesh (Middlestadt, Schwartz, and Kaiser 1997). Bangladeshi women have educational attainment levels that are among the lowest in the world. Despite successes in increasing enrollment in primary schools, in 1991 when this project started only 14 percent of school-age girls were enrolled in secondary schools, as compared to 25 percent of boys. To increase girls' secondary school participation, the Government of Bangladesh initiated a Female Secondary School Assistance Project (FSSAP). To assist families with costs, the project provided a graduated stipend for girls who enrolled, attended, and graduated from secondary school. In addition, FSSAP supported increases in the number of teachers and in the proportion of female teachers of grades six to ten, improvements in the school water and sanitation facilities, and development of occupational skills programs for girls.

Early in the implementation of the project, it became clear that sustaining girls' enrollment would require developing a community environment that supported girls' education by changing community norms. To do this, a Female Education Awareness Program (FEAP) was developed to support the FSSAP. Using a social marketing approach, the FEAP was designed to advance increased school enrollment and to promote longer-term changes in family and

community values. Fathers, and to a lesser extent mothers, were the primary audience, since they were responsible for the decision to send their daughters to secondary school. Fathers and mothers nominated influentials, or people whom they consulted in making decisions about familial issues, who formed the secondary audience. The purpose of the research was to identify factors that influenced the behavior of sending daughters to secondary school in order to design benefit statements for each of these audiences.

A key early step in formative research for the project was to understand the determinants of behavior and to identify which of a variety of potential determinants were the best ones to target with interventions. The approach used for formative research was based on intention, attitude, behavioral belief, normative belief, and self-efficacy constructs from the Theory of Reasoned Action and Social Cognitive Theory, two of the major theories of behavior change. Following both of these theories, qualitative research using a semistructured interview called an elicitation was necessary to provide specific "salient" items. Responses to open-ended questions were used to identify behavioral outcomes and social referents that were at the top-of-the-mind of the primary and secondary target audiences regarding the particular behavior of interest.

A content analysis of open-ended questions was then used to design instruments with close-ended items so that quantitative analyses could more rigorously identify psychosocial determinants that were associated with the behavior to be encouraged. This combination of qualitative elicitation research followed by quantitative research ensured that the research asked about behavioral outcomes and reference groups as seen by the target audience rather than by the researcher, the managers of the project, the funders, or other outsiders.

The formative research was conducted in two steps: qualitative research using open-ended questions with a sample of 144 rural Bangladeshi, each associated with a girl in grade five (40 male guardians, 40 female guardians, 40 girls in grade five and 24 influentials); and quantitative research with a sample of 864 interviews using a questionnaire with close-ended or fixed alternative items developed from a content analysis of the qualitative results.

An elicitation interview was conducted using open-ended questions on the advantages and disadvantages of sending the daughter to grade nine, on the people who would approve and disapprove of sending the daughter to grade nine, and on what would make it easier and more difficult to send the daughter to grade nine. Results of these interviews were translated. A content analysis identified salient consequences or outcomes of performing the behavior, salient referents, and strategies to overcome barriers. These were used to construct a close-ended interview schedule.

A survey was conducted using face-to-face intensive individual interviews with a male guardian, a female guardian, and a community influential associated with a sample of grade five girls. A total of 864 interviews were obtained: 288 male guardians, 288 female guardians, 288 community influentials associated with grade five girls from 96 different primary schools that feed into 48 different secondary schools from 16 *thanas*, or rural districts. A multistage school-based sampling frame was used to select the participants. At the first stage, 16 *thanas* were selected (8 from FSSAP Phase I *thanas* and 8 from FSSAP Phase II *thanas*). Phase I and Phase II *thanas* were matched on the basis of level of impoverishment, SSC passes, number of schools in the *thana*, religion, and distance of school from a paved road, with the constraint that *thanas* chosen for Phase I and Phase II were not adjacent. At the second stage, two lists of secondary schools were developed for each *thana*,

one of all girls' schools and one of coeducational schools.

Using a random number table, three secondary schools from each *thana* were selected, one randomly from the list of all girls schools and two randomly from the list of coed schools. At the third stage, a list of primary schools was developed for each secondary school. Using a random number table, two primary schools were selected for each secondary school. At the fourth stage, a list of grade five girls in attendance that day was developed. Using a random number table, six girls were selected in order to obtain completed interviews with the male and female guardians of three girls. Finally, each household identified influentials. While not representative of all rural Bangladeshi families, the sample is representative of households in the 16 thanas with a girl enrolled in grade five, the primary audience of the FEAP.

The questionnaire assessed knowledge, attitudes, beliefs, and practices concerning female education in general, and, more specifically, with respect to sending the target daughter to high school. The questionnaire assessed background characteristics; mass media exposure; content of messages on education; frequency of communication channels for messages on education; awareness of the FSSAP; intentions, attitudes, beliefs, and normative beliefs with respect to sending the target daughter to high school for a few years; general attitudes towards education and social issues; involvement in educational activities; factors that would facilitate education; and household characteristics.

In terms of demographics, the male guardians and the influentials were older (average age about 45) than the female guardians (average age about 35). Not surprisingly, the influentials were better educated than the guardians, and the male guardians were better educated than the female guardians. Specifically, 59 percent of the male guardians, 24 percent of the female guardians,

and 72 percent of the influentials had schooling of grade six or more. Consistent with this, 88 percent of the influentials, 82 percent of the male guardians, and 60 percent of the female guardians indicated they could read a letter in Bangla. Because they have girls in grade five, the sample of guardians in this sample is likely to be better off, better educated, and more involved in education than all rural households.

Agriculture was the most frequently mentioned occupation among the male guardians (51%) and the influentials (42%). Service was second with 18 percent of the male guardians and 36 percent of the influentials. Most of the female guardians were housewives (94%). The sample is predominately Islam (82%) with 18 percent Hindu. More than 60 percent reported praying every day. In terms of the dwelling, 86 percent of the sample lived in a dwelling owned by the husband or wife. For most, the roof of the dwelling was tin (75%). While some lived in dwellings with tin walls (approximately 30%), half of the dwellings had mud walls.

Economic issues were the most frequently mentioned problem for the male guardians (50%), the female guardians (48%), and the influentials (40%). Education, however, was the second most frequently mentioned problem and was mentioned by 16 percent of the participants.

Two conclusions from the data on communication channels were of interest. First, the sources and channels differed for the three groups of participants. Second, the findings indicated the importance of both mass and interpersonal, or face-to-face, channels of communication. In terms of simple access, 79 percent of the participants had access to a radio in the neighborhood and 50 percent had access to a television. In terms of where they had heard messages on education, 75 percent of the influentials, 68 percent of the male guardians, and only 37 percent of the female guardians mentioned radio; and 60 percent of the

influentials, 48 percent of the male guardians, and only 24 percent of the female guardians mentioned TV.

Male and female guardians were asked for the one most important advantage and one most important disadvantage of sending the daughter to secondary school. Responses to these questions were coded into categories created from the qualitative research. Consistent with expectations, the major disadvantages of sending the daughter to secondary school involved financial considerations. More specifically, 42 percent mentioned that more money would be needed in general, an additional 20 percent mentioned more money to buy books and supplies, and 4 percent mentioned the need for money to buy proper dresses. The need to find transportation (10%), and the daughters being teased on the way to school (9%) were also important disadvantages.

The advantages of sending the daughter to secondary school involved benefits to the girl, her family, and her community. More specifically, 36 percent of the respondents mentioned that the daughter could find a job or earn money, 11 percent mentioned that she could be wed to a good or educated husband, 10 percent said she will have a better life, 10 percent said she could educate children, 7 percent said she will be self-sufficient, and 6 percent indicated the community would prosper. For the most part, the three groups of participants indicated the same benefits. The influentials, however, placed a somewhat higher priority than the guardians on the benefits of the girls' capability to educate children and their positive impact on community prosperity.

Guardians were asked whom they would consult for issues such as marriage and school enrollment. Brothers were the most frequently mentioned referent (30%), with neighbors (27%) being the second most frequently mentioned. Other relatives, such as uncles, in-laws, sisters,

nephews or nieces, and parents, were mentioned. Not surprisingly, teachers were also mentioned (9%). While for the most part male and female guardians mentioned similar referents, males listed uncles, parents, and government officials more frequently than females, and females mentioned in-laws, sisters, and community leaders more frequently than males.

To determine which of these theory-based factors (e.g., behavioral beliefs, outcome evaluations, normative beliefs, and motivations to comply) were associated with the predisposition to send the daughter to secondary school, multivariate analyses of variance comparing those who are more positive to sending their daughter to secondary school to those who are more negative were conducted for each set of theoretical variables.

On the basis of these results, a social marketing campaign was developed. Specific benefit statements were constructed from the analysis of the research data from all reference groups. These benefits became the foundation for communication strategies with each respective target audience. Low literacy posters were developed with photos that depicted the (hypothetical) parallel lives of girls who did and did not attend secondary school. These were hung in sets of four and placed in marketplaces where fathers congregated and on highly trafficked village roads. Corresponding pamphlets were developed for girls who were in grade five to read to their parents, as was a modified version for girls and their parents who were in grade eight. Dropout data indicated that grades five and eight were the most frequent years for girls being taken out of school. Supporting radio scripts were developed from the wording of the pamphlets and dramatically portrayed the life of an educated girl and the impact her education had on her family and village. All of these materials supported challenging the existing community norm to provide girls with a limited education by showing

that the benefits of female secondary education outweighed existing cultural norms. Additionally, the materials created awareness of a solution: available financial support in the form of a yearly stipend for girls who attended secondary school.

According to a top-ranking Bangladesh government official, "It is the best-designed project the IDA has ever supported in Bangladesh—the only one to stimulate broad national interest." While not solely attributable to the FSSAP and the FEAP, female enrollment in secondary school within the 59 original project *thanas* had increased more than 20 percent in one year.

GHANA

A second detailed example of social marketing involves the FCUBE communications strategy for the Ministry of Education in Ghana for the Quality Improvement for Primary Schools Project (1997-2000). FCUBE is Ghana's initiative for creating a system of free, compulsory, universal basic education. As a result of the behavior research component, an IEC plan was prepared. The following paragraphs describe the social marketing or IEC plan of a three-phase effort.

The FCUBE Information, Education and Communications (IEC) Plan was a multilevel, multiyear phased plan based on direct input from FCUBE component programs, planned research studies, and community needs. The goals of the IEC plan were to develop and disseminate clear, concise information about FCUBE, as a comprehensive program, and about specific component parts, when needed. Additionally, the IEC strategy focused on the development of compelling materials, tools, mechanisms and programs which generated support for the implementation of FCUBE among selected target audiences and influenced parents and community members throughout all regions in Ghana to value basic education for *all* children. The purpose of the IEC Plan was to create demand for quality

education via participation in local school issues and activities.

The goal of FCUBE is to provide quality basic education to every Ghanaian child. To achieve this goal, a multiplicity of linked strategic objectives was identified. Each objective was attached to one or more program components that were to be executed simultaneously over the course of the first year. Each program component had identified target audiences and objectives, many of them overlapping. Multiple objectives targeted to the same audiences can make communication of any one specific message difficult. As a results of FCUBE'S many objectives and multiple program components it was entirely possible that targeted audiences would become overloaded with multiple and conflicting messages. A multilevel, phased communications strategy that is well planned and carefully executed can help to avert this problem. FCUBE was a complex and multifaceted program, and the communications framework that accompanied it understandably needed to be multifaceted as well.

Since the implementation of FCUBE involved many subprogram components, the communications strategy was reduced to a simplified form so that it could be realistically implemented and expected results attained. For the communications component to attain maximum impact, however, *a culture of communications needed to be created* and become an integral part of the entire FCUBE implementation strategy. The communications' needs of each FCUBE program component was identified and woven into the framework of the overall communications strategy. In this way, the communications function anticipated all of the simultaneous actions that audiences were being asked to implement and determined the best way to communicate these actions in messages that were as logical, clear, simple and timely as possible. The IEC team was the liaison between FCUBE management and the beneficiaries of the

program. The communications function was not to create programs but to inform audiences about the existing program components that constituted FCUBE. It was important to have an open and consistent flow of information between program components and the IEC team so that the team was equipped with all the knowledge it needed to best disseminate accurate and timely information.

The IEC team was viewed as an internal "service" component that assisted the senior planning group with the dissemination of their program information and with the development of research studies to clarify issues prior to dissemination. Communications succeeds when it is planned around a comprehensive strategy. This means having clearly articulated objectives, (both behavioral and communications objectives), while keeping what is being designed focused clearly on the beneficiaries, their needs, and capacities. Appropriate research needed to be conducted to determine needs and realistic capacities of the target audience for implementing the actions being requested. Audience segmentation was undertaken so that the messages were more focused, salient, and effective with the targeted audiences. messages needed to be carefully crafted and tested, using appropriate communications channels for the targeted audiences and monitoring the entire process so that a continuous stream of feed back information was used to revise the communications messages so that they remain relevant and appropriate to the targeted audiences over time. The IEC team helped program components determine agreed upon communications and behavioral objectives and determined the most effective way to communicate these to FCUBE beneficiaries.

To manage the enormity of the FCUBE communications function in a concise and chronological order, it was divided into phases, each with clear communications objectives. The different phases of the IEC strategy targeted various audiences. In each phase the target

audiences might have been the same as in other subsequent phases; however, the level of importance and focus of each audience category did vary. For example, where ministry officials and members of parliament were the primary target in one phase they moved to an audience of secondary importance in a subsequent phase. Though some energy, time, and materials were devoted to communicate with them as a secondary audience in this subsequent phase, their importance as an audience diminished and depending on the objectives to be achieved in this new phase, other audience group(s) became the primary focus.

Phase I was structured to raise awareness about the entire FCUBE program, its purpose, component parts, and expected outcomes. This phase lasted approximately six months. Phase II continued to raise awareness as it attempted to clarify target audience roles and responsibilities and build a base of support for implementation of FCUBE roles, *specific* to each target audience. This phase also lasted for approximately six months. Phases I and II focused on (top-down) audiences from the Ministry of Education and the national level GES to the district-level supervisors and district education oversight committees (DEOCs). These first phases served to consolidate information and sensitize political and professional audiences about FCUBE so that there was a consistent and established knowledge and message flow to the community level prior to Phase III. Phase III lasted for the duration of the project and helped to empower the community in order to establish the transfer and control of responsibility for FCUBE components for community ownership. Information for this phase flowed (bottom-up) from the community back to the national level.

Throughout each phase, a number of research studies were conducted to provide the information necessary to address issues that needed clarification in order to establish a useful base of knowledge from which to draw

communications messages. These studies were planned and executed under the advisement of, and in conjunction with, appropriate FCUBE program components. After each study was completed and analyzed, results were used by program units to better assist with the development of strategy planning and communications that are audience centered and therefore more focused on audience needs and capacities.

A wide range of communications modes were available for achieving IEC objectives. They ranged from an introductory FCUBE brochure, to issue specific quarterly "bulletin" updates, radio and television interview programs, a handbook which summarizes the operational and programmatic policies, to a community education mobilization resource book and small highly segmented meetings.

Three major print pieces, a poster, two radio spots, two radio interview/call-in programs, two television interview programs, a newspaper article, and a series of hour-long meetings with political officials and executives of professional provider organizations are planned to raise knowledge of the FCUBE program among specific target audiences. The audiences for the first phase included all education and other related professionals and national and district leaders who might be responsible for FCUBE program implementation.

Marketing Communications

PRINT PIECES

FCUBE Brochure
FCUBE Quarterly Bulletin
FCUBE Handbook
FCUBE Poster
"Focus on CUBE"
Newspaper Article

ELECTRONIC PIECES

Radio Announcements (2)
Radio Interviews (2)
Television Interviews (2)

INTERPERSONAL COMMUNICATIONS

A series of one-hour seminars or meetings with key stakeholder groups

Each quarterly bulletin was specific and focused on the achievements, needs, necessary actions, and problems of one or two different components. It also highlighted case studies or specific examples of how components of FCUBE either were or should be working. The bulletin was time responsive. To make this an effective and efficient communications tool, there was a great need to coordinate the incoming and outgoing information for the bulletin with FCUBE management and all project components.

The handbook summarized FCUBE'S operational and program manuals in a more concise and easier-to-reference document. The target audience was much smaller and more targeted than for the other print pieces. It was for national, regional, and district-level personnel who have the ultimate responsibility for implementing FCUBE among their members, their staff, and their community.

The poster was disseminated to all stakeholder organizations for use as an office wall hanging. Similar to calendars with education slogans, which were visible in many MOE/GES offices, these posters were hung in offices as a constant reinforcer of the FCUBE program as a basic education program.

Two radio announcements were planned to coincide with and follow the dissemination of the brochure. These ads supported FCUBE name recognition and its basic education goal. They alternated for a period of three months. Radio interviews and call-in programs with ministry and GES officials were produced and aired during Phase I for the same purpose, with the addition of more detailed information for interested audiences. Two television interviews with ministry and GES officials were solicited for popular Ghanaian news and information programming.

A series of meetings with important official and educational-related organizations were planned and conducted by the FCUBE coordinator, SPG members, and IEC consultant and staff to explain and expand upon the details of FCUBE and to elicit support for the program. These meetings were planned to coincide with the dissemination of the brochure.

These two case studies demonstrate two very different sets of goals and somewhat different approaches in developing a social marketing campaign. The process that each followed, however, was similar. The Bangladesh example seems rather difficult to follow during the behavioral research portion, but more simplified approaches may be developed. The Ghana plans shows a multiphase model that may be best suited for Indonesia.

CHAPTER 9

A National Social Marketing Strategy for Education in Indonesia

Background on Indonesia's Educational System

Indonesia's national education system offers researchers an opportunity to study a complex and ever-evolving system. Focusing on primary and secondary education, 1989 until present is marked by a period of modernization where emphasis has shifted from access and efficiency to include quality and relevancy. The complex system of educational management is now being confronted. During the previous 11 years primarily three ministries, the Ministry of Education and Culture (MOEC), Ministry of Home Affairs (MOHA), and the Ministry of Religious Affairs (MORA), have shared the management of primary and secondary education. Islamic religious schools, both public and private, continue to fall within the purview of MORA while public and private secular and non-Islamic religious schools are managed by MOEC.

Other ministries manage a small number of secondary schools. This system is deconcentrated in that these two national ministries maintain offices at the provincial, district (*kebupaten* and *kotamadya* or urban district) and even subdistrict (*kecamatan*) levels to ensure compliance with national laws, regulations, and policies. To complicate this, primary education (years one through six) is decentralized in its management. These schools are managed at the district level through regional offices (*dinas* P&K) that report to the Ministry of Home Affairs (MOHA).

The system is complicated further by how it is financed. Briefly, two types of budgets—recurring (DIK) and development (DIP) budgets—are managed by different ministries requiring that MOEC and MORA prepare two separate budgets for approval from these agencies, the National Planning Bureau (*Bappenas*) for the DIP budget and the Ministry of Finance for the DIK budget.

Other factors further complicate the national system; however, recent changes in the laws in 1999 have set the stage for major shifts and consolidation of management and financing of education.

Law No. 22 and Law No. 25 of 1999 define regulations for the decentralization of all ministries and redefines two levels of autonomy at the provincial and *kabupaten* levels. During 2000, each ministry is to prepare a plan for its reorganization. Although the conceptualization of these changes occurred during President Habibe's regime (through October 1999), under the current president, Abdurrachman Wahid, concepts of democratization and decentralization have further shifted the direction of decentralized management. Currently, 29 ministries exist, 13 without portfolio. The new Ministry of Regional Autonomy is to coordinate decentralization efforts between the national government and the provincial and district governments. MOEC has changed its name to Ministry of National Education (MONE), and it is unclear how MONE will restructure to consolidate primary and junior secondary education within one management structure of basic education. Also, it is unclear as to how it will change funding of education in accordance with the new decentralization laws of 1999 as well as its overall role in managing education. On a wider scale, no one is sure how departments will be reorganized and what functions they will perform at the national through subdistrict levels.

Many new educational initiatives have been instituted to increase quality and relevancy in education during this period. These are reflected in such documents as Repelita VI and VII (sixth and seventh five-year plans from 1994 to 2004), Curriculum 1994, various appraisal reports, and documents prepared by the Asian Development Bank and the World Bank, and numerous ministerial decrees (KEPMEN). To improve the quality of junior secondary education, MOEC introduced the *sekolah kecil* (small school) in rural

areas. These schools are managed by existing parent schools and treated as satellites where teachers visit and train facilitators so that rural areas can have their own schools. Curriculum 1994 stresses the need for teachers to engage in student active learning employing various classroom learning techniques that focus on students' participation. Within various projects, including some funded by the Japanese International Cooperation Agency, the German government, and by UNESCO, programs have been developed and field-tested to introduce community-based management and school-based management approaches for quality improvement. At the primary level, MOEC/MONE is experimenting with the community school model (*Pusat Kegiatan Belajar Masyarakat* or community learning centers), where selected schools serve community needs after the formal school day is over.

Many of these and other innovations offer opportunities to improve the quality and relevancy of education in Indonesia. The legal changes now coming into force will create an enabling environment for changes to take place. For example, the new funding mechanisms will allow for consolidation of the budgeting process. The Asian Development Bank is now implementing the Decentralization of Social Services Delivery Project (2000-2001) wherein consultants will create a school-level consolidated budgeting, accounting, and resource allocation system that will be field-tested. This project includes preparation of a training program for community-level stakeholders. Although piloted in as many as four provinces, it is expected that the system will be adopted for use by all primary and junior secondary schools over time.

Other training programs have, and will continue, to be developed to build capacity of organizational entities to implement many of the contemplated changes. For example, under the UNESCO effort entitled Community Participation in Planning and Management of Education

Resources Project (COPLANER) from 1989 to 1993, consultants prepared and field-tested a variety of training modules to strengthen community participation. Targeted audiences included principals, parents, community members, and local government officials. Under the JICA Community Participation in Strategic Education Planning for School Improvement (COPSEP) Project from 1997 to 2000, a training module was prepared and field-tested entitled *Better Education for Our Children: Manual for Education Improvement Committees at the School Level.* In fact, each externally funded project, whether bilateral or multilateral, has a major component focusing on capacity-building. Further, a number of training modules have been developed to build capacity and strengthen institutions through training.

As the previous two paragraphs suggest, systematic efforts are in place to create an enabling environment for change related to the national educational system. As was suggested earlier (See Figure 1.), the legal structure and capacity-building are two of the three domains necessary to enable development and change. The third component, social marketing, is not a formal part of Indonesia's effort to create an enabling environment for change. Given that a case has been made for the need of a social marketing component, how might that be achieved in Indonesia?

An Outline of a Social Marketing Plan for Indonesia

The four steps of the ABC Framework for social marketing suggest that ideal behaviors first need to be defined. Ideal behaviors within the Indonesian context may be identified through examining the various legal and project documents which identify the goals, activities, and specific outcomes that are to be achieved. From this, it is possible to derive a master list of specific ideal behaviors. These might include those shown in Figure 2: Examples of Ideal Behaviors by Audience.
These ideal behaviors reflect some of the current

thinking in Indonesia, as identified in the various documents. These and other ideal behaviors

Students	1. Volunteer for community service. 2. Participate in planning the school year. 3. Help keep school facilities clean and orderly. 4. Engage in peer tutoring. 5. Increase the lifespan of textbooks and other materials.
Teachers	1. Develop no-cost instructional aids. 2. Use parent and community volunteers in the classroom. 3. Restructure MGMP meetings to be on-service oriented. 4. Use continuous authentic testing in the classroom. 5. Use student active learning techniques.
School Principals	1. Involve community and parents in school planning. 2. Create incentive systems for teachers. 3. Use fund-raising techniques to increase revenues. 4. Use KKKS to be more on-service oriented. 5. Use new school-based financial management system.
Parents	1. Assist and support students at home. 2. Value education and keep children in school longer. 3. Volunteer to assist school. 4. Request meetings with teachers. 5. Attend community meetings.
Community	1. Donate resources to school. 2. Volunteer to assist school. 3. Form associations to support school planning. 4. Help teachers develop relevant curriculum. 5. Participate as members of school boards.
District Goverment	1. Acquire and supply resources needed by schools. 2. Advocate for education with district-level agencies. 3. Support nongovernmental involvement in education.
Provincial Goverment	1. Work to increase school budgets. 2. Involve community in policy reform. 3. Work with legislature to improve schools.
National Goverment	1. Develop equitable funding mechanisms. 2. Establish national incentive systems for teachers. 3. Fund practical research.

Figure 2

BEST COPY AVAILABLE

would need to be validated by the multipart team appointed to design a social marketing plan.

Once ideal behaviors are defined by the team, it is prepared to move to the next step.

The second step involves behavioral research and defines why ideal behaviors are and are not practiced. It is likely that it will be easier to define why ideal practices are not rather than are practiced in Indonesia. Few examples currently exist outside of externally funded projects that demonstrate ideal behaviors in action. Nevertheless, these do exist. For example, the Satya Wacana Catholic University in Sala Tiga, Central Java, operates a model school that implements many ideal behaviors forecasted under the new national system. The school has been structured to reflect similar economic and social conditions in schools throughout Indonesia so that actual practices can be replicated if schools so desire. Similar schools are operated around Indonesia, and it is expected that meeting the necessary sample size will not prove to be a problem for each targeted audience.

Examples of factors that impede adoption of ideal behaviors might include the following as identified in selected documents (World Bank 1998); (British Council 1997); (Clark and others 1997); (Wirjomartono and others 1997); (Huda 1999); (Hirosato 1998); and will need to be documented through behavioral research:

Possible Factors Impeding Ideal Behaviors for Various Targeted Audiences

Appropriate Technology	1. Organizational structure not created to support the behavior 2. Finances not provided to cover scholarships.
Policies and Laws	1. Rapid changes create legal conflicts. 2. Local policies are not yet created .
Antecedents	1. No natural trigger exists to alert audiences. 2. News media unprepared to provide free space.
Consequences	1. Opportunity cost too high for parents to take part. 2. Teachers would need to give up second job.
Perceived Consequences	1. Community fears that participation will affect taxes. 2. Principals fear loss of authority.
Perceived Social Norms	1. Parents tend to be passive in meetings. 2. Students tend not to participate in the classroom.
Perceived Skills	1. Local government has had no previous authority.

Figure 3

The research team will likely rely on focused interview techniques to determine why ideal behaviors are practiced and not practiced by targeted audiences. Doers and nondoers are to be interviewed within each targeted audience. As a national effort, the project may be more complicated than one would suspect. Indonesia comprises numerous inhabited islands where populations exhibit different behaviors as a result of the numerous and different cultures that abound in Indonesia. Therefore, parents located in Christian communities in North Sulawesi are

motivated by a different set of cultural imperatives than the strongly Islamic communities in North Sumatra or Hindu Bali. The research is further complicated by the fact that at least eight targeted audiences may need to be researched (e.g., students, parents, teachers, principals, community members, and different levels of government). Thus, it may be necessary to conduct a number of research projects targeted to specific regions within Indonesia. It will be necessary to sample doers and nondoers for each target audience in each region researched.

Such research may be conducted in tandem with various externally funded projects. The current trend in project financing by the World Bank and the Asian Development Bank is to provide loans at the provincial level and coordinated at the national level. The three current World Bank basic education projects cover the provinces of West Java, Bengkulu, Riau, North Sumatra, North Sulawesi, Central Sulawesi, South Sulawesi, Maluku and Irian Jaya (now called Papua). Each province has appointed a Project Implementation Unit (PIU) and districts have been selected within each project to serve as pilot sites for project implementation. Building on this project structure, it is possible to attach a social marketing research and plan design activity, since some funding is generally set aside to conduct studies pertinent to the specific needs of each province. In addition, both the World Bank and the Asian Development Bank are preparing a total of three new projects at the provincial and district levels in basic and nonformal education. These are sufficiently early in their development to design a social marketing component as a subsector activity. In this manner, it would be possible to take into account necessary behavioral research to allow for variations in culture, language, social structure, and economic factors that have an impact on why individuals practice or don't practice targeted behaviors.

The third step of the ABC Framework determines which ideal behaviors are to be targeted. In any social marketing planning effort, the number of ideal behaviors will exceed the resources available to address them. It then follows that those behaviors which will have the greatest impact should receive the highest priority when selecting a set of ideal behaviors. Given that the behavior· change requirements for Indonesia comprise a major shift in the national system of education, and given the cultural diversity of the nation, the selection of target behaviors becomes more difficult. One needs to examine the selection against five criteria. These are as follows:

- **Potential for impact-** To what extent will the behavior contribute to changing how the national system of education is implemented so that it is in line with laws, policies, regulations, and goals of the government?
- **Consequences-** How immediate are the positive consequences to the individuals who are conducting the behavior?
- **Approximations-** How similar is the new behavior to the behaviors now practiced by those from the target audiences?
- **Cost-** What is the cost in terms of time, energy, money, or materials to introduce each ideal behavior?
- **Complexity-** How simple is the behavior to do, how many steps are needed to change the behavior, and how much training is needed?

Under the Environmental Education and Communication Project (GreenCom) funded by the United States Agency for International Development, consultants developed the **Behavior Analysis Scale (Figure 4)** to select target behaviors under workshop conditions (Booth 1996). Five steps are applied in selecting a subgroup of ideal behaviors applying the criteria above. First, research findings are discussed so that team members share a common understanding of people's perceptions, knowledge, and behaviors. Second, they review

the list of ideal behaviors and add behaviors that the research has identified as appropriate.

BEHAVIOR ANALYSIS SCALE

POTENTIAL IMPACT ON THE PROBLEM

- Has a significant impact on the problem.
- Has some impact on the problem.
- Does not have any impact on the problem.

FEASIBILITY

Consequences

- Has immediate, positive consequences that are either observable to, or perceived by, the person who is carrying out the behavior.
- Has some immediate, positive consequences that are either observed, or perceived by, the person who is carrying out the behavior.
- Do not have any immediate, positive consequences.

Approximations

- It is similar to what people are currently doing.
- It is somewhat similar to what people are currently doing.
- It is totally different from what people are doing.

Complexity

- It is simple to do and does not require a lot of steps or training.
- It is somewhat simple to do and requires some steps and training.
- It requires a lot of steps to do and requires a great deal of training.

Cost

- It has a very low cost in terms of time, energy, money and materials.
- It has some cost in terms of time, energy, money and materials.
- It has a very high cost in terms of time, energy, money and materials.

Figure 4: From: Starting with Behavior: A Participatory Approach for Selecting Target Behaviors in Environmental Programs

Third, the Behavior Analysis Scale is applied in terms of potential impact on the educational problem, using the three-point scale. If the ideal behavior does not have any major potential for impact it is eliminated. Then, each behavior is evaluated against a three-point scale in terms of

its feasibility. The four criteria of consequences, approximation, costs, and complexity yield a score for feasibility. Fourth, in some cases a behavior is necessary to achieve impact but not feasible for other reasons. An intermediate behavior may need to be negotiated by the team.

For example, parents may be encouraged to help students at home, but the high cost of providing appropriate resources may preclude the poor from engaging the ideal behavior. An intermediate behavior may be to work with teachers to design assignments that do not require financial investments on the part of parents. The fifth step involves assigning priority to behaviors so that a determination can be made regarding which should receive initial focus and which should be introduced later in the program.

For the multipart team that is selected to operate in each province and serve as the research team, selecting behaviors is most easily done in a one- to two-day workshop to which all team members attend. Other technical specialists, community groups, and other representatives from target audiences should be invited. It will take some time for team members to develop the skills involved in using the Behavior Analysis Scale. As participants become more accustomed to it, the group will become more efficient in selecting behaviors and require less discussion time. The team needs to be referred back to research findings to support decisions. This is particularly important in Indonesia where stakeholders have little experience in multipart team participation. The facilitator's role is important in mediating differences in scores assigned by individuals. A trained facilitator knows how to bring groups to consensus, keep the activities on track, and engage all participants. This approach is useful in that it may be applied to resolving other community issues as well as to introducing action research as a means to improve educational planning.

The fourth step of the ABC Framework suggests that the team identify factors which influence

doers and nondoers and then design education and communication strategies that are more effective because they address those factors. The idea is to build on factors that influence ideal behaviors and diminish those that weaken or create barriers to change. To achieve this, the multipart team needs to determine whether incorrect performance of targeted behaviors is due to a skills deficit or performance deficit. In the former case, the target audience lacks specific information, skills, or antecedents they need to perform target behaviors. The Indonesia national education reform social marketing strategy would need to focus on providing information, creating demand for education reform, and teaching people skills they need to conduct behaviors correctly. If a performance deficit exists, people are not performing the behavior correctly. In this case, the social marketing strategy would focus on developing an enabling environment in support of practicing ideal behaviors.

It is likely that a social marketing strategy for reforming the national education system in Indonesia would require a focus on skills deficit. First, it is assumed that there is a lack of appropriate knowledge concerning the necessary behavior changes required. To address this, it would be necessary to provide information though a public information campaign that might include billboards, newspaper and radio media, all popular, effective, and culturally acceptable tools throughout Indonesia. Campaigns would be targeted to different audiences. Parents might receive messages concerning their more active role in education. Community members would receive messages concerning the need to volunteer and donate resources to better support their community. Nongovernmental organizations might be given messages concerning the importance of participation in educational planning and evaluation to create more transparency in the process.

In some cases, such as with local and district

government, stakeholders may know what they should do but might not have the skills they need to act. In this case, training would be an appropriate means to ensure correct behavior. In fact, all projects receiving external funding do have components to design and field test proper behaviors such as school-based budgeting for principals or student active learning for teachers. After modifications are made as a result of pilot evaluation, the approach is applied to a larger audience. Often, however, the audience is too focused and excludes other stakeholders that need skills training. Transparency, for example, is a major issue in education decentralization in Indonesia. Although much is being done to train specific audiences at the subdistrict or *kecamatan* level of government and school cluster, no commensurate organizational structure such as a school board exists at this level. To achieve the necessary reform, such a structure may need to be created and members trained in the same manner that principals and local government officials are being trained. The Regional Educational Development and Improvement Project (1999 to 2001), funded by JICA is experimenting with the creation of this type of structure in 15 *kecamatan* sites in Central Java and North Sulawesi.

A third part of eliminating skills deficits in Indonesia may be to address the issue of reminders or antecedents. Many behaviors are automatically triggered by naturally occurring events while others behaviors have no naturally triggered antecedent. This means that audiences may know what behaviors to practice but forget to do so because no event exists to trigger the behavior. To create such habit patterns, a social marketing strategy would need to include reminders to help people remember what to do and when to do it. For example, if important school meetings are scheduled for parents at the beginning of each trimester of the school year, it may be necessary to create messages that are transmitted through various media weeks before the event is to take place. If *kecamatan*-level

school boards are created and include open meetings, once again, reminders need to be put into place to apprise stakeholders of when these meetings are scheduled and the importance of community members to attend them.

In terms of performance deficits, target audiences may not be performing the ideal behavior correctly or at all even though there is no skill deficit. The results of the Behavior Analysis Scale helps the multipart team in identifying factors that are the best "targets of opportunity" for the social marketing strategy. In Indonesia, several approaches may be required. First, technologies may be lacking. Dropout rates are a problem in Indonesia, and parents do understand the concept of opportunity cost when keeping children enrolled in school. In very poor communities, opportunity costs may be too high and parents will withdraw students from school.

To overcome this, the Indonesian Government through externally funded projects has introduced a massive scholarship scheme that now affects millions of primary and junior secondary-level students. Communities (school principals, parents, and village chief) select students based on economic need. The government directly transfers 20,000 *rupiah* per month to student post office accounts, and the amount generally exceeds the school fees so that the surplus may be used to cover other expenses including transportation and food. The British Council (January 2000) reports that roughly four million scholarships have been awarded thus far; that committees went to great lengths to ensure that assistance went to the most needy; that despite deductions for school fees, the majority of students received substantial balances; and that the number of complaints received from parents is small despite the magnitude of the program.

In some circumstances, a performance deficit results from lack of appropriate laws and policies. As the national system accelerates its decentralization effort, change may eclipse

existing elements of the present legal structure. Certain requirements may not be practical. For example, in Indonesia the role of school inspectors has been changed without a commensurate increase in the number of inspectors to conduct their new duties. In this case, the change in the legal structure, although well intentioned, cannot be implemented due to practical reasons such as number of available staff, unclear definition of roles and responsibilities, lack of training, and insufficient funding (Costa 1998).

Another reason for a performance deficit may be related to an increase in positive consequences. Nondoers may be unaware of the positive effect of changing behavior. Those who are unaware of the scholarship program in Indonesia might take advantage of this opportunity if they simply knew more about how some opportunity costs are overcome.

Target audiences may not perform ideal behaviors because they are unaware of how such behaviors reinforce social norms. Community participation is an important social norm in many ways except within the education sector. Parents can be encouraged to participate because such participation is consistent with the social norms of community. Education has evolved over many years in a manner to contravene such behavior. Decentralization is now reemphasizing community participation in education, and appropriate messages will act to reinforce this social norm.

This represents the scope of activities engendered in the concept of social marketing. As with any marketing effort, an effective monitoring and evaluation system (M&E) needs to be established so that corrections and adjustments can be made at any time. An M&E system is built into the design phase of the social marketing plan. As campaigns are implemented, monitoring activities are necessary to determine whether messages were received and if there

were an impact. It may be necessary to adjust certain messages slightly to increase impact, to eliminate other tactics because of their lack of impact, and to introduce still other techniques as a result of feedback from continual market research.

In summary, an effective social marketing strategy draws upon information, education, and communication techniques that focus primarily on skills deficits of target audiences and, subsequently, phases in strategies addressing performance deficits once skills are acquired similar to the Ghana case study. Given the comprehensive nature of the behavior-change requirement, when looking at a variety of target audiences involved in a national system, an effective social marketing campaign needs to be well planned, well resourced, and given sufficient time to be implemented over several phases. Further, technical staff needs to be trained in all facets of planning, implementation, and evaluation.

Training Social Marketing Professionals

It is necessary to distinguish between two types of training. First, as shown earlier, training is provided within the social marketing plan to remove skills deficits. This section addresses a second type of training. This training is provided to selected stakeholders who are responsible for planning and mounting a successful social marketing effort. Given the nature and extent of required training, it is recommended that a cascading model of training be employed. The cascading model assumes that training be provided to master trainers who then train other trainers as well as stakeholders responsible for implementing the program. The cascading model has a multiplier effect in that it can be designed to create training centers that have institutional capacity to train on demand as many times as needed.

One would assume that an appropriate training structure within the Ministry of National

Education would be the most likely choice to institutionalize training for social marketing. For example, **the Pusat Pengembangan Penataran Guru** (PPPG or Center for Development and Training of Teachers) is operated by MONE, at 12 locations. Although designated as teacher training centers, the PPPG also provides training for school principals and other types of training that directly relate to education. In fact, the PPPG does serve as a training of trainers center or master teacher training center. Often, those trained at one of these campuses will be assigned to a **Balai Penataran Guru** (BPG or teacher in-service training center) located in most of the provinces throughout Indonesia or are assigned to regional and district offices of MONE as **Guru Inti** or master teachers. In this structure, it would be possible to train trainers in social marketing training at selected PPPG campuses. Trainers could then be assigned to BPGs to provide social marketing training within a province to stakeholders responsible for implementing such programs. This would follow a classical cascading model for training and uses the formal system for in-service training as its basis.

A second approach might be to introduce social marketing training at the various provincial-level **Institut Keguruan dan Ilmu Pendidikan** (IKIP or teacher training institutes). The IKIP structure provides formal, preservice training and certification for new teachers. The IKIP also offers many other specialty certification programs for school administrators, principals, psychologists, and others. Many IKIP have extensive research capabilities and often carry out consulting activities for government and private consulting firms. Most provinces have one IKIP sponsored by government with many other private IKIP institutions. No national IKIP structure exists that could offer a cascading model from national to provincial levels, however.

A third approach also offers a unique method that bypasses the government structure for training.

The content of social marketing has evolved over time such that training programs are now being developed that are generic in nature. Training follows a process rather than a content approach. The audience being training determines content. No matter the sector, trainers can provide training in the process of social marketing. If attendees come from the same sector, it is possible they will bring issues and examples pertaining to their sector to any training session. It is, therefore, possible that a private, nonprofit or even for-profit organization could provide training targeted to many different social sector audiences. The same trainers could address education in one session, traffic safety in another, and maternal health in a third.

This third model has interesting implications for sustainability. If there were an economic benefit for an existing or new institution to offer such training on a fee-for-service basis, then it is likely that capabilities for social marketing training could be sustained. An existing training institution might see social marketing training as an adjunct to existing programs. For example, a private-sector training institution such as the Institute of Management, Education and Development (IPPM) that offered retail-marketing courses might want to expand its program to include social marketing courses. A national foundation or *yayasan* that serves community interests such as Yayasan Keanekaragaman Hayati Indonesia (Kehati or the Indonesian Foundation for Natural Diversification) might wish to add social marketing as part of its bundle of services. What makes this interesting is that such organizations operate from a demand-side perspective, often a dissimilar approach from government-sector training institutions. Such a perspective often leads to increased relevancy and quality since the organization must deal with competition or rely on funding from non-governmental and for-profit organizations.

The previous discussion suggests that effective training needs to focus on creating an

institutional approach that is to use some existing structure to provide training. Using a cascading model, the first step in training professionals would mean training of trainers. The question is whether to select an organizational structure that is government sponsored or to look to the private sector to introduce a sustainable model for training. Although careful planning is required, it is recommended that a demand-side model be included in any training model so as to provide a built-in mechanism for quality and relevancy. In touring the PPPG and BPG facilities in Indonesia, one is immediately struck by their under-utilization as a direct result of their reliance on government funding. This can translate into programs that quickly become out of date because funding is unavailable to provide trainers with the necessary currency in their fields of expertise. By contrast, demand-side training and consulting institutions need to attract clients and successful ones build a reputation often based on quality and relevancy. Seed money to provide training for trainers could prove sufficient to introduce the appropriate mechanism for sustaining training. The one concern would relate to the affordability of that training and whether government would not be able to secure appropriate training as a result of higher costs.

When this issue is resolved the twin questions of, "Who should be trained?" and, "What should they be trained to do?" arise. As indicated, core trainers need to be trained. They, in turn, train other targeted audiences:

- Trainers, program designers and implementers
- Those involved in policy decisions for creating an environment for social marketing
- Those individuals who will be selected to participate on the multipart committees
- Agencies and NGOs that will be identified to conduct various parts of the social marketing communications and education plans
- Those who are to monitor and evaluate the success of the plans.

Since this is a new concept for education, those who are to provide training to trainers need to come from organizations outside of Indonesia and have a long record of training and development related to social marketing. Their involvement should encompass the entire first iteration of a social marketing campaign from designing the first training session for trainers through conducting the first interim evaluation of the success of program implementation. The outside expertise is essential in laying a strong foundation for social marketing. This is viewed as a major activity involving training and technical assistance covering a period of not less than two years and then monitored over a subsequent time period. Such an initiative would need to be funded through external aid and be treated as a pilot program, field-tested at the provincial or district level. The scope of work would include activities described in the following paragraphs.

At the first level of training, train-the-trainers' representatives from two or three organizations would be selected. For example, three trainers each from a PPPG, IPPM, and an educational NGO might be selected as the core of trainers from within a province. Because their training would require the full gamut of social marketing, trainees need bring different specialties to the training sessions. One might be expert in group facilitation, one a technical expert in marketing, and a third a specialist in training design or qualitative research. Their training would need to encompass the following topics:

- Overview of the social marketing process
- Specific content for each stage of the social marketing process
- Student active learning methodologies for participants
- How to develop instructional materials, syllabi, and curriculum
- Management and administration of training
- Marketing of social marketing training.

In other words, training of trainers takes a decidedly institutional approach in that it provides skills to training organizations not only to provide the appropriate training but also to show how institutions manage and market the social marketing training program. The nature of training would involve classroom work initially, leading to the design of a provincial-level program to introduce social marketing. Working side by side with trainers from an international consulting firm, the output of training would result in a plan to introduce social marketing training and development activities within a province.

Once the plan was developed, trainers would implement training and program activities. It is anticipated that policy-level staff from government offices, such as the *dinas* P&K, *dinas* II P&K, *kanwil* P&K, *kandep* P&K, and from Jakarta would be selected for training. These individuals would represent MONE, MORA, and MOHA staff at the national, provincial and *kabupaten* levels. Training would involve educating government personnel concerning social marketing and its importance. Key would be training related to the government's role in supporting social marketing. Training would be of a short duration, possibly no more than a week and possibly less.

With support from government, the next phase of activity would involve forming multipart teams possibly at the *kabupaten* or district level. Three *kabupaten* might be selected as pilot areas within a province and three separate teams formed. As an alternative, one multipart team would be formed at the provincial level to develop a single provincewide social marketing plan. The team(s) are established for the long-term and responsible for designing and implementing the social marketing campaign. Thus, the nature of the training is similar to the initial training-of-trainers program in that the outcome of training will be the formulation of a social marketing plan for the district or province. Each of the four phases of the ABC Framework will need to be completed

within training. Training will involve alternating classroom instruction with practical fieldwork on the part of trainees. At the completion of this level of training, a social marketing campaign will be finalized and a monitoring and evaluation system established.

The multipart teams will find it necessary to contract with organizations such as NGOs and private media organizations to implement various elements of the social marketing plan. The multipart team may be divided into subgroups, each with a different responsibility. One may be responsible for monitoring, another for financial management, a third responsible for contracting outside media organizations, and a fourth to handle technical issues. Each subgroup would need some training in their specialty area of responsibility. At this stage the main function of the trainers, including the international training organization, is to oversee the process of implementation and provide training as necessary. International consultants may phase out of the training process, transferring more responsibility to training organizations. Their role will shift to one of intermittent monitoring on behalf of the client. It is at this stage that sufficient capacity is built into the system, that the social marketing concept may be replicated in other provinces.

Other types of training may be needed. At the stage of implementation, different types of organizations may be contracted to conduct awareness campaigns, assist in grass-roots development, and design specific software such as radio scripts. Specialized training programs may be required given that such organizations may not have the requisite skills to support the implementation effort. These training programs can be determined at the time they are needed through the combined efforts of the consultants and multipart teams. Such training will be essential in building local capacity for future social marketing efforts across sectors and what is learned for social-sector activities may have

direct application to the private sector. This approach would have an added benefit of building business potential for local organizations.

Many issues that need to be addressed in planning this effort. Participants will expect stipends for participation. Although possible as part of an externally funded project, how will this be sustained after the pilot project is completed? How will quality control be maintained into the future? What is to prevent this process from becoming politicized? These and other issues can be addressed at a time when social marketing is contemplated by MONE and funding agencies as an important national task to be accomplished. The purpose here is to outline the important activities necessary to increase the likelihood of success.

Conclusions

As one reads this, it is easy to become daunted by what appears to be a highly specialized framework and methodology. With any complicated mission, one should consider simplifying an approach and breaking it into component parts for easier implementation. Whereas the Bangladesh case study appeared to be hopelessly complicated to the uninitiated, the Ghana case study showed that a social marketing process could be simplified even when addressing national issues. Several conclusions may be drawn as to how a social marketing effort might be conceived for Indonesia.

First, the ABC Framework suggests selecting only those behaviors that will have the greatest impact on change. An initial effort may be structured around a few key behaviors that have the greatest impact on decentralization. Possibly the most important issue that will arise in Indonesia in the near future will have to do with revenue. Much of the responsibility for financing education will be left to the *kabupaten* and *kotamadya* with additional fund-raising requirements at the school level. A behavior-change program could be

structured around the concept of educational financing. Many target audiences will need to establish new behaviors if educational districts, school clusters, and individual schools are even to maintain current levels of funding let alone increase funding. New district-level legislatures will need to learn how to establish tax systems, while district executives will have greater responsibility in aliocation of financial resources. The *dinas* II P&K will play a much larger part in managing educational funding.

At the school level, the Badan Pembantu Penyelenggaraan Pendidikan (BP3) committees will gain more authority in fund-raising, resource allocation planning, and monitoring of expenditures. New community organizations may be created at the *kecamatan* level to assist school clusters in financing education. New fund-raising techniques will need to be introduced while principals will need to consolidate budgeting and accounting systems as the DIK/DIP dual financing system is phased out. A great opportunity exists here to accomplish two significant tasks. The first is to increase the amount of revenue that flows to individual schools, while the second is to determine appropriate ways to allocate those revenues to increase educational quality. A social marketing plan that focuses on educational financing may be the instrument needed to coordinate with capacity-building and the legal structure to improve the enabling environment.

Second, besides focusing as a key issue, a phase-in approach assists in simplifying the methodology. As shown in the Ghana case study, three phases were instituted over the life of the project. Here the phases might also begin with a top-down communications activity followed by a bottom-up phase. The top-down phase would focus on the restructuring effort at the district level and setting into place the legal and financial structures necessary. The bottom-up phase would then provide necessary IEC activities to targeted audiences within a school's catchment

area and at the *kecamatan* level as well. Each phase might be broken into subphases targeting specific audiences.

Third, the behavioral research component may be simplified. The Bangladesh case study demonstrated the use of various qualitative and quantitative research techniques to determine why behaviors were practiced. There are many other examples of more simplified research techniques being applied. In Nicaragua (Schwartz 1995), a social marketing plan was developed for strengthening school councils and participation of parents. Social research involved focus-group questioning. A total of nine focus groups were conducted involving a total of 48 participants. The results were sufficient to structure the national plan. The country of Nicaragua is probably as big as some provinces in Indonesia. This suggests that behavioral research need not be complicated to achieve intended outcomes.

Fourth, social marketing may be imbedded in existing project structures. Existing projects provide project management structures that include trained staff who can provide proper management oversight in designing and implementing the social marketing plan. This structure can save considerable time in procurement of outside consulting services, pilot testing and project implementation. It is a matter of convincing both national government and funding agencies that social marketing is an important subcomponent of the project and that sufficient funding needs to be allocated over a multiyear effort.

Social marketing need not be a daunting task. It fits well with a nation's social reform effort. This has been proven repeatedly in the health, population, nutrition, and environment sectors. It can serve equally well in education providing that stakeholders understand its importance in creating an enabling environment for change and reform.

Bibliography

Andreasen, A.R. (1995a). *Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment.* San Francisco: Jossey-Bass.

Andreasen, A.R. (1995b). *Marketing Social Change.* San Francisco: Jossey-Bass, Inc.

Booth, E.M. (1996). *Starting With Behavior: A Participatory Process for Selecting Target Behaviors in Environmental Programs.* Washington, D.C.: Academy for Educational Development.

British Council (1997). Indonesia: Curriculum Capacity Project Inception Report. Jakarta, Indonesia.

Clark, D. and others (1997). Indonesia: Education Finance Study, Volume 1: Main Report. Jakarta, Indonesia: Hickling.

Cohen, J. (1999). Developing a Standardized Approach for Training in Educational Decentralization. REDIP Project Working Paper No. 6. Indonesia: International Development Center of Japan.

Cohen, J. (2000). The Legal Structure Supporting Basic Education in Indonesia: Analysis Covering 1989 to Present. REDIP Project Working Paper No. 8. Indonesia: International Development Center of Japan. (paper now under development and due November 2000)

Costa, V. (1998). Assessment Report on Academic Supervision for SMU in the Republic of Indonesia, Senior Secondary Education Project, Ministry of Education and Culture, Jakarta, Indonesia.

Graeff, J., Elder, J.P. and Booth, E.M. (1993). *Communication for Health and Behavior Change: A Developing Country Perspective.* San Francisco: Jossey-Bass.

Hirosato, Y. ed. (1998). Universalizing Basic Education in Indonesia: Bottom-Up Approaches in Educational Planning and Management for School-Based Reform. Nagoya, Japan: Graduate School of International Development, Nagoya University.

Huda, H. N. "Education Decentralization: Implementation and Its problems," Journal of Education and Culture, No. 017 (June 1999). Jakarta, Indonesia: Ministry of Education.

Kotler, P. and Levy, S.J. (1969. "Broadening the Concept of Marketing," *Journal of Marketing,* Vol. 33 (January 1969), 10-15.

Middlestadt, S.E., Schwartz, B., and Kaiser, J. Promoting Secondary Education for Women in Bangladesh: Using a Theory-Based Behavioral Elicitation Technique to Identify Salient Consequences of Enrolling Daughters. Paper presented at the Third Annual Innovations in Social Marketing Conference, May 18-19, 1997. Boston, MA.

Orbach, E. (2000). Organizational Capacity Analysis: Ten Steps. Unpublished paper prepared for the Africa Region of the World Bank, Washington, D.C.

Regional Educational Development And Improvement Project. Interim Report No. 1. Jakarta: International Development Center of Japan, Submitted to JICA, November 1999.

Schwartz, B. (1995). Social Marketing Plan for Strengthening School Councils and Participation of Parents in Nicaragua (Report translated into Spanish and presented to the Ministry of Education.

Smith, W.A. and Elder, J. (1998). Applied Behavior Change: Applications to Substance Abuse Prevention. Washington, D.C.: Academy for Educational Development.

Warta CIMU, Berita Pemantauan Program JPS Bidang Pendidikan, Vol No. 1, Issue No. 1 (January 2000). Jakarta, Indonesia: British Council.

Wirjomartono, H. and others (1997). Study of Trends, Issues and Policies in Education (Indonesia Case Study). Country Sector Study Prepared for the Asian Development Bank by the Academy for Educational Development and UNESCO.

World Bank (1996a). Central Indonesia Junior Secondary Education Project, Project Appraisal Document, Washington, D.C.

World Bank (1996b). East Java and East Nusa Tenggara Junior Secondary Education Project, Project Appraisal Document, Washington, D.C.

World Bank (1998). Education in Indonesia: From Crisis to Recovery, Washington, D.C.

World Bank (1999a). Sulawesi and Eastern Islands Basic Education Project, Project Appraisal Document, Washington, D.C.

World Bank (1999b). Sumatera Basic Education Project, Project Appraisal Document, Washington, D.C.

World Bank (1996c). Sumatra Junior Secondary Education Project, Project Appraisal Document, Washington, D.C.

World Bank (1998). West Java Basic Education Project, Project Appraisal Document, Washington, D.C.

Appendix A

Behavioral Science Theory

Appendix A
Behavioral Science Theory

Introduction

A general understanding of the behavioral and social science theory underlying the development of behaviorally-based prevention interventions is important to grantees and community planning groups for several reasons. First, many of the articles in the literature on intervention effectiveness include a description of the theory used to design the prevention intervention. In order to understand this literature, planners must be familiar with common theories. Second, while planning a comprehensive HIV prevention program, there may be unmet needs for which there are no proven interventions (e.g., for a particular population) reported in the literature. Therefore, planning groups will need to make recommendations about the types of interventions that may address these unmet needs. A basic foundation in behavior theory will be essential to planning groups who are faced with this task. As pointed out in Chapter 6, the extent to which an intervention is theory-based is one of the attributes community planning groups should use in prioritizing interventions. This appendix presents a brief description of some of the major theories from the behavioral and social science literature that have been used in HIV/AIDS prevention research.

Theories of Behavior—A Primer

To develop and choose among interventions to change human behavior, it is useful to understand why people behave the way they do. Stated another way, the more we know about the factors underlying the performance or nonperformance of a behavior, the more successful we can be at designing an intervention that successfully influences that behavior. Research can be done to determine which of several theoretical factors predicts or explains a particular behavior in a particular population. Interventions can then be developed to influence these intervening factors and thus to facilitate the desired prevention behavior.

There are many different theories of human behavior and behavior change that have been used to understand, explain, and predict health behavior. Of these many theories of behavior, three have been most frequently used in the behavioral and social science research on the prevention of HIV infection: the Health Belief Model, the Theory of Reasoned Action, and Social Cognitive Learning Theory. In addition to these three major theoretical models, there is a Transtheoretical Model that focuses on Stages of Behavior Change. Good reviews of the specific dimensions of each theory are found in Levinton (1989; 1990) and Baranowski (1990). The following discussion presents basic principles for each of these theories, provides references for further more detailed reading and illustrates how the relevant factors might underly HIV prevention interventions.

Health Belief Model

The Health Belief Model is essentially a health education approach to behavior and intervention design. The model has been used to explain and understand a wide variety of health behaviors, including prevention and screening behaviors like participation in cardiovascular screening, immunization and checkup programs as well as treatment behavior like smoking cessation and compliance with dialysis regimens (Janz and Becker, 1984; Kirscht and Joseph, 1989; Rosenstock, 1974). More recently, it has been applied to behaviors that place people at risk of

Note: This manuscript is authored by Richard Windsor, PhD, Susan E. Middlestadt, PhD, and David Holtgrave, PhD.

BEST COPY AVAILABLE

HIV infection (e.g., Becker, 1988; Kirscht and Joseph, 1989; Montgomery et al., 1989).

As the name implies, the Health Belief Model assumes that health behavior is a function of four key health beliefs: the perceived personal susceptibility or vulnerability to the negative health condition; the perceived severity of the condition; the perceived efficacy of the behavior in dealing with the condition; and, the barriers to the behavior. Together these belief components produce a readiness to act. In addition, many proponents of the health belief model recognize that cues to action are necessary to initiate action once the readiness is above threshold and that a variety of personal and social characteristics such as age, sex, knowledge, and culture play a role in modifying the behavior if and when it occurs.

An HIV-prevention intervention designed, for example, to facilitate correct and consistent condom use based on the health belief model would try to influence these theoretical factors. The intervention might try to get individuals to realize that their behaviors place them at risk of HIV infection, thus increasing their perception that they are susceptible or vulnerable to HIV infection. Alternatively, it might focus on the severity factor, a person's belief that AIDS is a deadly disease, or the effectiveness factor, the belief that correct and consistent condom use will effectively prevent or reduce HIV infection. An intervention that encouraged people to carry condoms would be addressing a possible barrier to condom use. Messages in the mass media that reminded people to use condoms could be construed as providing cues to action. Ideally, the choice of the factor to address with an intervention would be made on the basis of behavioral research that identified that factor as an important determinant in the particular population of interest.

Theory of Reasoned Action

The Theory of Reasoned Action, a social psychological approach to behavior, assumes that changing behavior is a matter of changing the cognitive structure underlying the behavior in question. The theory is a general theory of behavior that deals with the relations among beliefs, attitudes, intentions, and behavior (Ajzen and Fishbein, 1980; Fishbein and Ajzen, 1975) and has been used to understand behaviors from a variety of domains including health in general and HIV/AIDS in particular (Fishbein and Middlestadt, 1989; Fishbein et al., 1991).

In some respects, the theory is best seen as a series of four hypotheses. At the first level, a behavior is assumed to be primarily a function of a person's intention to perform that behavior. At the next level, the intention to perform the behavior is seen as a function of the weighted combination of two factors, a personal factor (the attitude toward the behavior) and a social factor (subjective norm). The attitude toward the behavior is the feeling of favorableness toward the behavior; the subjective norm is the perception that important others think that he or she should (or should not) perform the behavior. Underlying the attitude toward the behavior is an underlying cognitive structure of behavioral beliefs that performing the behavior will lead to certain outcomes and the evaluation of these outcomes. Underlying the subjective norm is an underlying cognitive structure of normative beliefs that particular individuals or groups think that one should or should not perform the behavior and the person's motivation to comply with each of these significant others.

An intervention to encourage correct and consistent condom use that is based on the Theory of Reasoned Action would address either the cognitive structure underlying the attitude toward the behavior or the subjective norm. For example, an intervention that convinced people that correct and consistent condom use effectively reduced risk of other sexually transmitted diseases would be addressing the behavioral belief factor underlying the attitude toward the behavior, facilitating a more favorable attitude, making the intention more positive and thus increasing the likelihood that the behavior will be performed. Note that, according to the Theory of Reasoned Action, beliefs about outcomes other than health outcomes might be important determinants. Thus, to deal with the behavioral belief that condom use might have lead to distrust in the relationship, an intervention might need to be developed to facilitate ways to introduce condoms among partners that strengthened rather than threatened the relationship. From a normative perspective, an intervention that reinforced the normative belief that peers expected the person to use condoms correctly and consistently would be addressing the cognitive structure underlying the subjective norm, making the person perceive more normative pressure, have a more positive intention, and thus be more likely to use a condom correctly and consistently. Again, ideally the choice of the particular factor to address would be based on empirical research in the target population of interest.

APPENDIX A

Social Cognitive Learning Theory

The roots of Social Cognitive Learning Theory lie in the learning approaches to psychology as well as in clinical psychology applications to correct dysfunctional behaviors. Learning theory focuses on behavior and the antecedents and consequences of behavior in the environment. By contrast, Social Cognitive Learning Theory recognizes the important role of cognitive interpretations. That is, Social Cognitive Learning Theory (Bandura, 1977; 1986) is based on a triadic relationship among the person, behavior, and the environment through a process called "reciprocal determinism." In other words, whereas the environment largely determines or causes behavior, the person uses cognitive processes to interpret both the environment and his or her behavior, and also behaves in ways to change the environment and meet with more favorable behavior outcomes. This theory has been used effectively to explain and change a diverse set of health behaviors such as smoking cessation, weight reduction, increase in exercise and contraceptive practices, and recently AIDS prevention (Bandura, 1989; 1991).

According to Social Cognitive Learning Theory, two sets of cognitions are important in understanding and changing behavior: outcome expectations and self-efficacy. Outcome expectations include a person's interpretations of the consequences of performing the behavior. The person will perform the behavior to the extent that he/she believes it will pay off or will lead to positive consequences and avoid negative consequences. This aspect of Social Cognitive Learning Theory is very similar to the Theory of Reasoned Action. Self-efficacy is the person's belief in their capabilities and confidence in performing the behavior, their belief that they can choose to do it under difficult circumstances, and can persevere in the face of difficulties.

These self-efficacy cognitions represent a particularly important contribution of Social Cognitive Learning Theory. Just considering the HIV-prevention behavior of correct and consistent condom use, it is clear that skills at buying, correctly using, having available, and discussing and overcoming partner's resistance are vital. And, people must not only have these skills but must be confident in their abilities, they must have self-efficacy. Theoretically, a person with a strong sense of self-efficacy would be more likely to try a behavior, set a higher goal for how well or often the behavior is performed, persevere longer, use a variety of strategies, and try again when faced with temporary setbacks.

An intervention based on Social Cognitive Learning Theory might have people watch models successfully negotiating condom use with a partner in a variety of different circumstances. These materials could not only teach negotiation skills but could promote self-efficacy or confidence in abilities as well as demonstrate possible positive outcomes of effective negotiation.

Common Factors Underlying the Three Behavioral Theories

Fortunately for the program planner attempting to set priorities among interventions based on sound behavioral and social scientific theory, there is a significant amount of overlap and consistency among these three major theories of behavior. In fact, based on a series of meetings among theorists representing each of these theories, a list of eight basic or common factors has been identified (Fishbein et al., 1993). These factors not only represent points of consensus among the theorists, but have been empirically shown to account for or explain most of the variation in any given behavior. These eight factors were summarized in a National Commission on AIDS 1993 report (National Commission on AIDS, 1993) and are shown in Table A-1.

Transtheorectical Model

As implied by its name, the Transtheoretical (or Stages of Change) Model attempts to explain health behavior independent of specific theoretical factors. Instead, this model (Prochaska and DiClemente, 1986) proposes that behavior change occurs in a series of stages. This model assumes that individuals start with no intention to change, form weak intentions, strengthen these intentions, try the behavior inconsistently at first, and then finally adopt the new behavior as a routine part of their lives. These stages are described in Table A-2.

Movement through the stages will vary greatly from population to population and from individual to individual. Some people may remain in the contemplative stage for months or years; others cycle back and forth between stages. Once a person initiates or adopts a behavior, that person is vulnerable to relapse. Effective interventions first determine where the population is on this continuum of behavior change and move them to the subsequent, more advanced stage. Baseline and follow-up assessments of the percentage

BEST COPY AVAILABLE

of population of interest will help the planning group to plan interventions and assess progress and movement through the stages.

Public health interventions have often been developed for populations in the preparation stage by promoting an immediate behavior change, like consistent condom use. However, according to this theory, when the majority of the target population is in the pre-contemplation stage, this type of intervention will only be partly effective in promoting behavior change. To be effective, intervention methods and messages must be targeted to the specific needs and stage of a group. The various factors from the three major theories, the Health Belief Model, the Theory of Reasoned Action, and Social Cognitive Learning Theory, can help move persons from stage to stage in the Transtheoretical Model. For example, to motivate individuals at the pre-contemplation stage to form intentions, an intervention might first alert them of the potential danger of not changing by creating a perception of risk. For individuals at the preparation stage who have formed an intention to behavior, an intervention might try to increase the self-efficacy for the behavior. For further information on how this might be done, see Baranowski (1990) and O'Reilly and Higgins (1991).

The Importance of Sound Scientific Theory for Designing, Evaluating, and Selecting Among HIV Prevention Interventions

There are a number of advantages to understanding and using sound behavior and social science theory. Research to identify the factors associated with the behaviors that place people at increased risk of infection and thus to identify behavioral determinants to be addressed by intervention is more effective and interpretable if it is guided by sound theory. The theories serve to outline important behavioral factors, to indicate ways of measuring these factors and to facilitate the communication of the results. Put most simply, evaluation research that identifies not only that behavior changed but which intervening factor contributed to that change allows the planner to understand why the intervention worked, thus increasing the likelihood of successfully replicating it.

No one theoretical model has been found to predict human behavior with complete success. However, even imperfect theories can provide useful guidance in designing, evaluating and choosing among HIV prevention interventions. Important opportunities to translate the components of behavioral theories into public health practice remain. For further information on this topic, see Valdiserri et al. (1992).

APPENDIX A

Table A-1: Common Theoretical Factors

The Population at Risk Must:	Factor
1. Believe the advantages of performing the behavior (benefits) exceed the disadvantages	Expected Outcomes (attitude)
2. Have formed a strong positive intention or be committed to perform a behavior	Intention
3. Possess the skills to perform a behavior	Skills
4. Believe that they can perform a behavior	Self-Efficacy
5. Believe that the performance of a behavior will more likely produce a positive than a negative emotional response	Emotion
6. Believe that the performance of a behavior is consistent with their self-image	Self-Standards
7. Perceive greater social pressure to perform a behavior than not to perform it	Perceived social norms
8. Experience fewer environmental constraints to perform a behavior than not to perform it	Barriers

Adapted from National Commission on AIDS, 1993

Table A-2: Stages in the Transtheoretical Model

	Stage Description
1. Pre-contemplation	People in this stage have no intention to change behavior in the foreseeable future, are unaware of the risk, or deny the consequences of risk behavior.
2. Contemplation	People are aware that a problem exists, are seriously thinking about overcoming it, but have not yet made a commitment to take action.
3. Preparation	People intend to take action in the near future and may have taken some inconsistent action in the recent past.
4. Action	People modify their behavior, experiences, or environment to overcome their problems; the behavior change is relatively recent.
5. Maintenance	People work to prevent relapse and maintain the behavior change over a "long" period of time.

Adapted from Prochaska and DiClemente, 1986

REFERENCES

Ajzen, I. and Fishbein, M. *Understanding Attitudes and Predicting Social Behavior*. Englewood Cliffs NJ: Prentice-Hall, 1980.

Bandura, A. "Self-Efficacy: Toward a Unified Theory of Behavioral Change." *Psychological Review* 84 (1977) 191-215.

Bandura, A. *Social Foundations of Thought and Action: A Social Cognitive Approach*. Englewood Cliffs NJ: Prentice-Hall, 1986.

Bandura, A. "Perceived Self-Efficacy in the Exercise of Control Over AIDS Infection." In Mays, V. M., Albee, G. W., and Schneider, S. F. (eds). *Primary Prevention of AIDS: Psychological Approaches*. Newbury Park CA: Sage Publications, 1989.

Bandura, A. "A Social Cognitive Approach to the Exercise of Control Over AIDS Infection." In DiClemente, R. (ed.), *Adolescents and AIDS: A Generation in Jeopardy*. Newbury Park CA: Sage Publications, 1991.

Baranowski, T. "Reciprocal Determinism at the Stages of Behavior Change: An Integration of Community, Personal and Behavioral Perspectives." *International Quarterly of Community Health Education* 10 (1990): 297-327.

Becker, M. H. "The Health Belief Model and Personal Health Behavior." *Health Education Monographs* 2 (1974): 324-508.

Becker, M. H. "AIDS and Behavior Change." *Public Health Review* 16 (1988):1-11.

Fishbein, M. and Ajzen, I. *Belief, Attitude, Intention and Behavior: An Introduction to Theory and Research*. Boston MA: Addison-Wesley, 1975.

Fishbein, M. and Middlestadt, S. E. "Using the Theory of Reasoned Action as a Framework for Understanding and Changing AIDS-Related Behaviors." In Mays, V. M., Albee, G. W., and Schneider, S. F. (eds), *Primary Prevention of AIDS: Psychological Approaches*. Newbury Park CA: Sage Publications, 1989.

Fishbein, M., Middlestadt, S.E., and Hitchcock, P. "Using Information to Change Sexually Transmitted Disease-Related Behaviors: An Analysis Based on the Theory of Reasoned Action." In Wasserheit, J. N., Aral, S. O., and Holmes, K. K. (eds.), 243-257, *Research Issues in Human Behavior and Sexually Transmitted Diseases in the AIDS Era*. Washington DC: American Society for Microbiology, 1991.

Fishbein, M., Bandura, A., Triandis, H.C., Kanfer, F.H., Becker, M., and Middlestadt, S.E. *Factors Influencing Behavior and Behavior Change*. Final report prepared for NIMH Theorists' Workshop. Washington DC: October, 1993.

Janz, N. and Becker, M. "The Health Belief Model: A Decade Later." *Health Education Quarterly* 11 (1984):1-47.

Kirscht, J. P. and Joseph, J. G. "The Health Belief Model: Some Implications for Behavior Change with Reference to Homosexual Males." In Mays, V. M., Albee, G. W., and Schneider, S. F. (eds), *Primary Prevention of AIDS: Psychological Approaches*. Newbury Park CA: Sage Publications, 1989.

Levinne, L. C. "Theoretical Foundations of AIDS-Prevention Programs." In Valdiserri, R. O. (ed.), 42-90, *Preventing AIDS: The Design of Effective Programs*. New Brunswick NJ: Rutgers University Press, 1989.

Leviton, L. C., Hegedus, A.M., and Kubrin, A. (eds). *Evaluating AIDS Prevention: Contributions of Multiple Disciplines*. San Francisco: Jossey-Bass, No. 46, Summer 1990.

Montgomery, S. B., Joseph, J. B., Becker, M. H., Ostrow, D. G., Kessler, R. C., and Kirscht, J. P. "The Health Belief Model in Understanding Compliance with Prevention Recommendations for AIDS: How Useful." *AIDS Education and Prevention* 1 (1989):303-323.

National Commission on AIDS. *Behavioral and Social Sciences and the HIV/AIDS Epidemic*. Washington DC: National Commission on AIDS, 1993.

O'Reilly, K. and Higgins, D. "AIDS Community Demonstration Projects for HIV Prevention Among Hard-to-Reach Groups." *Public Health Reports* 106 (1991):714 - 720.

Prochaska, J.O. and DiClemente, C.C. "Toward a Comprehensive Model of Change." In Miller, W. R. and Heather, N. (eds.), 3-27, *Treating Addictive Behaviors*. New York: Plenum, 1986.

Rosenstock, I. M. "Historical Origins of the Health Belief Model." *Health Education Monographs*, (1974:2, 409–419.

Valdiserri, R.O., West, G.R., Moore, M., Danow, W.W, and Hinman, A.R. "Structuring HIV Prevention Service Delivery Systems on the Basis of Social Science Theory." *Journal of Community Health* 17 (1992):259-269.

Also ask about our experience in:

- Education Reform
- Gender Equity
- Democracy-building
- Transportation
- The Environment
- Disease Prevention
- Youth Development
- Community Organizing
- Evaluation & Research

AED
1825 Connecticut Avenue, NW
Washington, DC 20009-5721
Tel. 202-884-8000 Fax 202-884-8400
www.aed.org

BEST COPY AVAILABLE